

Registration District No. 791

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location) 10 Minutes
(d) Length of stay: In hospital or institution 10 Minutes
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Margaret Davis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert Davis 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased January 12 1899
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown Marion

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Davis

(b) Address 1815 S. 12th St. (Rear)

17. (a) Burial (b) Date thereof 10/27/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director John J. Ziegenhain & Sons

(b) Address 7027 Gravois Ave.

19. (a) OCT 27 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1815 S. 12th St. (Rear)
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)

20. DATE OF DEATH: Month October day 25
year 1941 hour 7:30 minutes 45P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplectic cause, undetermined
Cerebral hemorrhage
Chronic myeloid leukemia
Due to _____
Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)
Major findings: Of operations 93e
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Walter Perry (M. D. or other) 3
Address Respectfully Date signed 10/27/41

24. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clarence P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Maavois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.