

No. 2
4-13-40
5-17-39
I X23159
000
19

FILED FEB 24 1942

Primary Registration District No. 1003

State File No. _____
Registrar's No. 802

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1945 Warren
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Three Years
years, months or days

3. (a) PRINT FULL NAME Laura Davey
(b) If veteran, name war XXXXXX
3. (c) Social Security No. XXXXXX

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Davey 6. (c) Age of husband or wife if alive 78
7. Birth date of deceased 11 23 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Unknown Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Anderson
13. Birthplace Unknown Sweden 4
(City, town, or county) (State or foreign country)
14. Maiden name Lena Larson
15. Birthplace Unknown Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant John Brown
(b) Address 1945 Warren St.

17. (a) Cremation (b) Date thereof 1-27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Linden Boulevard

19. (a) JAN 26 1942 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1945 Warren
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 24
year 1942 hour 4:45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 24, 1942 to Jan 24, 1942
that I last saw him alive on Jan 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Ch. Myocardite

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration: 1 day
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Arthur Sunders (M. D. or other) 1942
Address 2207 ... Date signed 1/26/42

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, *of* by.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed

Jack H. Lukens

Licensed Embalmer No. 4110

P. O. Address..... #024 Lindell Blvd.,
St. Louis, Missouri

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.