S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8455

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3007

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

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17
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1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11yrs.6mos.15dys. (Specify whether
In this community about 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13. 000 17 6 1

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4382 Cook Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME NORMA DAVIS

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex female 3

5. Color or race col.

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 11-20-1920 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
21	4	9	hr. min.

9. Birthplace Muskoota (City, town, or county) Oklahoma 1 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Mississippi 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Mississippi 1 (State or foreign country)

16. (a) Informant City Sanitarium
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas.J.Gates
(b) Address 4107 Finney Ave. St.Louis

19. (a) APR 3 1942 (Date received local registrar) (b) J. F. Bledeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1942 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from 11-1-39, 19__, to 3-29-42, 19__;
that I last saw her alive on 3-29-42, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia- Lobar-Rt.upper lobe	12-16-41 1941x
Due to Lung Abscess-Rt.upper lobe(L2-16-41x	
Due to	
Other conditions (Include pregnancy within 3 months of death) 108	

Major findings:
Of operations
Of autopsy No

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature N. J. Bublis 0 (M. D. or other)
Address 5400 Arsenal Date signed 3-31-42

(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 James A. Johnson, Registered Apprentice No. _____, working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.