

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22706

State File No. _____
Registrar's No. **6228**

FILED AUG 6 1942
791
Registration District No. _____

Primary Registration District No. **1003**

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Infant 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 **Infant**

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

7. Birth date of deceased **July 19 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ -- -- **3** hr. min.

9. Birthplace **St Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Harry Davis**

13. Birthplace **St Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Maxie Evans**

15. Birthplace **Holcomb Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Davis**

(b) Address **1219 Chambers St**

17. (a) **Burial** (b) Date thereof **July 23 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **Beiderwieden Funeral Home Inc**

(b) Address **1936 St Louis Ave**

19. (a) **III 23 1942 J. F. Bulech**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **COO**
(c) City or town **St Louis** **2617**
(If outside city or town limits, write "RURAL") **7**
(d) Street No. **1219 Chambers St**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**
year **1942** hour **8:25** minute **A** M.

21. I hereby certify that I attended the deceased from **7-19-42**, 19____, to **7-22-42**, 19____;
that I last saw **her** alive on **7-22-42**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Patent foramen ovale
Due to _____

Due to **157**

Other conditions **157**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **157**

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 **0**

23. Signature **J. F. Bulech** (M. D. or other) **MD**

Address **4930 Lindell** Date signed **7-22-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Smith

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

Signed.....
G. W. Day
Licensed Embalmer No. *2737*
P. O. Address..... *1936 N. Louis*

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.