S. No. 2
DM—5-42
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31866

Primary Registration District No. 100

Registrar's No. 9069

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days)
In this community 17 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12 0 1
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2905 Delmar
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Davis

3. (b) If veteran, name war XXXXX

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nelson Davis

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

7. Birth date of deceased Unavailable abt. 1872 (Month) (Day) (Year)

8. AGE: Years About 70 | Months -- | Days -- | If less than one day hr. min.

9. Birthplace Union (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business ---

FATHER
12. Name Unavailable Jones
13. Birthplace Union M (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Union (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Elvira Hall
(b) Address 2916 Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/42 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dixon Cem.

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) OCT 30 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27, year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 1, 1942 to October 27, 1942; that I last saw her alive on October 27, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death (Autopsy) — Duration
Ca. of Panereas with metastasis to Liver, Intestines, Spleen & Rectum — unknown
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 S. E. Smith (M. D.)
Address 260 W Pattison Date signed 10/29/42

(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 Avenue

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.