

FILED JAN 7 1943
Registration District No.

Primary Registration District No. 1003

Registrar's No. 129

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:
4015 Lee Ave
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 4015 Lee Ave
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Joseph M. David

3. (b) If veteran, name war.....

3. (c) Social Security No. 704-07-9501

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th.
year 1943 hour 5.00 minute A. M.

4. Sex Male 5. Color or Race W

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

6. (b) Name of husband or wife Jessie David

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 6th 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-10
1942, to 1-5 1943
that I last saw him alive on 1-2 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>67</u>	<u>6</u>	<u>29</u>	hr. min.
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Immediate cause of death Coronary occlusion

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation R.R. Clerk

11. Industry or business L. & N. R.R.

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name David

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

14. Maiden name Thebbe Sheridan

15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie David

(b) Address 4015 Lee Ave.

17. (a) Burial (b) Date thereof 1-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

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?.....

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) JAN 6 1943
(Date received local registrar)

J. F. Brueck
(Registrar's signature)

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

23. Signature J. F. Brueck (M. D. or other).....
Address 4015 Lee Ave. Date signed 1-6-43

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

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 *Robert L. Binkerman*

Licensed Embalmer No. *2553*

P. O. Address *310 N Grand*

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.