

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41885

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2636

96
00

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Elms Home 2520 McLaran Ave., 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights,
(If outside city or town limits, write "RURAL")

(d) Street No. 7714 St. Albans Ave.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Della M. Davis.

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1942 hour 7.35 minute A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased July 30, 1872.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 6, 1942 to Dec 13, 1942
that I last saw her alive on December 10, 1942. 19.....
and that death occurred on the date and hour stated above.

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

70 4 13 ..hr. min.

Immediate cause of death Acute Myocarditis. Duration 1 day.

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

10. Usual occupation Retired

11. Industry or business.....

Due to Chronic Myocarditis 1 yr.

Due to Diabetes Mellitus 10 yrs

MOTHER { 12. Name George Poe

FATHER { 13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Don't know.

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

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 61

Of autopsy.....

16. (a) Informant Miss. Dorothy Davis

(b) Address 7714 St. Albans Ave.,

17. (a) Burial (b) Date thereof Dec. 16/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.,

PHYSICIAN

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) DEC 15 1942 (b) E. J. McQuinn
(Date received local registrar) (Registrar's signature)

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 Ch. Harold O'Pae (M.D. or other) MD

Address 1506 Hollenback Date signed 12/17/42

Chick & Pa

Mrs. Root

1506 Howard Ave

Wilkes, Mo

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 Guy W Wilkinson
Licensed Embalmer No. 3575

P. O. Address St. 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.

2012 X 130