

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **1733**

FILED MAR 2 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 5600 Pershing
(d) Length of stay: In hospital or institution. _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 5600 Pershing
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME HOUSE DAVIES

MEDICAL CERTIFICATION

3. (b) If veteran, name war no 3. (c) Social Security No. none

20. DATE OF DEATH: Month Feb day 20 year 1943 hour 11:10 minute H. M.

5. Color or race White 6. (a) Single; widowed; married; divorced Widowed

21. I hereby certify that I attended the deceased from May 2 193 to Feb. 20 1943 that I last saw her alive on Feb. 19 1943 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Edward W. Davies 6. (c) Age of husband or wife if alive 11 years
7. Birth date of deceased September 11 1867

Immediate cause of death Chronic myo carditis Duration unable to say

8. AGE: Years 75 Months 5 Days 9 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Prohova Mo

Other conditions Chronic Interstitial Nephritis
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

PHYSICIAN _____

11. Industry or business At Home
12. Name Burleinds
13. Birthplace Prohova Mo
14. Maiden name Elizabeth Schueller
15. Birthplace Germany

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Harry Davies
(b) Address 10201 Lookaway Drive

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial, cremation, or removal burial (b) Date thereof Feb 23-43

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation burial

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

18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1225 Union Blvd

23. Signature Peter Koch M.D. (M. D. or other) _____

19. (a) FEB 22 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

Address 4701 St. Louis Ave Date signed 2/21/43

4701 & St. Louis
E-6756

[Faint handwritten notes, possibly including "100 X" and "11.11"]

RONALD DAVIDSON
1881
[Other faint handwritten text]

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 *Walter H. Burnley*
Licensed Embalmer No. *4202*

P. O. Address:

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.