S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4085

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1953

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: 4
5861 Cates - Mohn Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 125 95
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5861 Cates
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ELLA DAVIS

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Wm. H. Davis

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

7. Birth date of deceased April (Month) 3 (Day) 1855 (Year)

8. AGE: Years 87 Months 10 Days 23 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name ---- Rush
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Eva Carr
(b) Address 5570 Cates

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 3/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Alexander & Sons Inc
(b) Address 6175 Delmar Blvd

19. (a) FEB 28 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 year 43 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from November 15, 1943 to Present time, 1943 and that I last saw her alive on Feb. 26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	6 days
Due to: Cerebral hemorrhage	1 mo.
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 [illegible] (M. D. or other) M.D.
Address 6004a Delmar Date signed 2-27-43

(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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Jas. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.