

State File No.

APR 10 1943 818

Registration District No.

Primary Registration District No. 1005

Registrar's No. 3306

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Peoples Hospital
(If not in hospital or institution, write street number or location)

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

In this community St. Louis, 17 years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4115a Enright Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Almeta Margaret Davis

3. (b) If veteran, name war no 3. (c) Social Security No. 710

4. Sex female 5. Color or race 3 colored 6. (a) Single, widowed, married, divorced 2 widowed

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

7. Birth date of deceased March 4, 1976
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>1</u>	<u>2</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name John Albert Love

13. Birthplace Birmingham, Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Ernie Gray

15. Birthplace Charleston, South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Almeta Davis

(b) Address 4115a Enright Avenue

17. (a) Waller Texas (b) Date thereof 4-10-43
(Rural, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director J. F. Brudeck

(b) Address 3517 S. L. Ave

19. (a) ADD 8 (b) J. F. Brudeck
(Date recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1943 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from Apr. 4, 1943, to Apr. 6, 1943
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Spoplexy
Hypertension

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 8/3

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature William J. Dinkler (M. D. or other) _____
Address 901 N. Vandeventer Date signed 4/7/43

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

MOTHER FATHER

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 .....

Licensed Embalmer No. 1173

P. O. Address 3517 S. Clede Ave

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.