S. No. 2
OM—2-43
5-17-39
I X3569

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22367

State File No.

FILED JUL 10 1943

Registration District No. 17

Primary Registration District No. 6076

Registrar's No. 1558

1. PLACE OF DEATH:

(a) County St. Louis.

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

(c) Name of hospital or institution: 8035 Pontiac Avenue
(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 Unknown

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 8035 Pontiac Avenue
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lazetta Davis

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

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Davis

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

7. Birth date of deceased October (Month) 30, (Day) 1861 (Year)

8. AGE: Years 81 Months 8 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Conrad Scheuermann
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Minnie Wick
(b) Address 8035 Pontiac Ave., Affton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 8 (Day) 43 (Year)
(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Hacker-Helderle Und. Co.
(b) Address 3634 Gravois Avenue

19. (a) JUL 7 1943 (Date received local registrar) (b) C. G. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1943 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 10, 1943 to July 5, 1943 that I last saw her alive on June 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	6 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46 P

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 Walter F. Kelley (M. D. ~~or other~~)
Address 9915 Gravois Date signed 7/6/43

707

(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.....Frank J. Glyland

Licensed Embalmer No.....9645

P. O. Address.....St Louis Mo

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.