

FILED JAN 3 1944 318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 11520

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:
Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hours
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Elizabeth Nelson 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 Single

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

7. Birth date of deceased Aug. 7 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 4 10 hr. min.

9. Birthplace Parkersburg W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Nelson Davis
13. Birthplace Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Sarah McHugh
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Irvin C. Davis

(b) Address LaClede Hotel, St Louis, Mo.

17. (a) Cremation (b) Date thereof 12-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr. Kirkwood, Mo.

19. (a) DEC 22 1943 (b) J. B. Brueck
(Date received local health officer's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 126
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Albany Hotel, Page & Pacific
4573 Page (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17th
year 1943 hour 3 minute 56 P.M.

21. I hereby certify that I attended the deceased from Dec 15th 1943 to Dec 17th 1943
that I last saw her alive on Dec 17th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
primary of right breast
Due to _____

Due to _____
Other conditions 5-0
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration the
and
6 mo.

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Walter E. Kane (M. D. or other) W.M.D.
Address 206 Walton Date dictated 12/18/43

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

11-20-11

11-20-11

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..... *Felix Durand*

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood 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.