

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 29 1943

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39683  
Registrar's No. 11203

Registration District No. 1818

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County ST LOUIS  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3753 COOK AVE 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 5 years years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County 000  
(c) City or town ST LOUIS (If outside city or town limits, write "RURAL") 971  
(d) Street No. 3753 COOK AVE (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country A

3. (a) PRINT FULL NAME Isabella Davis  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 12 day 12  
year 1943 hour 8 minute 95 P.M.  
21. I hereby certify that I attended the deceased from 12.2.  
1943 to 12.12.1943  
that I last saw her alive on 12.12 1943  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or Trace Col  
6. (a) Single, widowed, married, divorced widow  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 5 1877  
(Month) (Day) (Year)

Immediate cause of death  
Influenza  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death)  
hypertension  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 66 Months 3 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace EMMET Ark. 1  
(City, town, or county) (State or foreign country)  
10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_  
12. Name CHRISTIAN WILSON  
13. Birthplace EMMET Ark. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN. 9  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant MARGARET WASHBURN  
(b) Address 3753 COOK AVE  
17. (a) Removal (b) Date thereof 12-18-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Prestcott Ark  
18. (a) Signature of funeral director Ellis Fun Home  
(b) Address 2500 Stoddard St.  
19. (a) DEC 15 1943 (b) JF Bredeck  
(Date received local registrar) (Registrar's signature)

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, or farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. C. Bridges (M. D. or other)  
Address 941 A N. Lincoln St. Date signed 12/18/43

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

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

(BRIDGES)

**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 myself

Lonnie Boykins, Registered Apprentice No.                       
working under my personal supervision.

Signed

Lonnie Boykins

Licensed Embalmer No. 2946

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.**