

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39686**  
Registrar's No. **11683**

FILED JAN 4 1948

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:  
Homer G. Phillips Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether  
Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
12

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 921

(d) Street No. 3335 Delmar (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Rebecca Davis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race col 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 1893 years

7. Birth date of deceased Aug 2nd (Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 20 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Davis

13. Birthplace unk N.C (City, town, or county) (State or foreign country)

14. Maiden name Louise Brooms (City, town, or county) (State or foreign country)

15. Birthplace unk N.C (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Bell

(b) Address 3335 Delmar Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

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

(b) Address 3133 Bell Avenue

19. (a) DEC 26 1943 (Date received local registrar) J. F. B... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22, year 1943 hour \_\_\_\_\_ minute 00 A. M.

21. I hereby certify that I attended the deceased from December 8, 1943 to December 22, 1943, that I last saw her alive on December 22, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Unk.

Due to \_\_\_\_\_

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 S. E. Smith (M. D. or other) \_\_\_\_\_ Address 3601 Webster Date signed 12/22/43

(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.....

Licensed Embalmer No. *7498*

P. O. Address *2769 Chouteau*

**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.**