No. 2
-5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944 318

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 226

Registrar's No. 589

1. PLACE OF DEATH:

(a) County St. Louis, Mo

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

(c) Name of hospital or institution: 2321 Chouteau 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 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town ST. Louis 922 (If outside city or town limits, write "RURAL")

(d) Street No. 2321 Chouteau (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME BERTHA DAVIS

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased 8 (Month) ? (Day) 1860 (Year)

8. AGE: Years 83 Months 5 Days ? If less than one day hr. min.

9. Birthplace NEW HAVEN (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Francis Hawkins

(b) Address 2321 Chouteau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-44 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park, C.

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address 215 So. Jefferson Ave.

19. (a) JAN 20 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17th year 1944 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 1943, to Jan 17, 1943; that I last saw her alive on Jan 17, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Nephritis, Chr

Due to

Other conditions Senility (Include pregnancy within 3 months of death)

Duration

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 L R Wentzel (M. D. or other)

Address 2726 Chouteau Date signed 1/20-44

(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 S. J. Watson

Licensed Embalmer No. 2698

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.