

S. No. 2
DM-5-43
v. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5026
Registrar's No. 1553

Registration District No. 1818

Primary Registration District No. 1003

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

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: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 3 Years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3595 St. Christopher Lane
(If rural, give location)

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

3. (a) PRINT FULL NAME Harriet C. Davis

3. (b) If veteran, name war None

3. (c) Social Security No. 493-24-2242

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1944 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 14 1944
1943, to Feb. 15 1944
that I last saw her alive on Feb 15 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased March 8, 1911
(Month) (Day) (Year)

Immediate cause of death
Post Partum Hemorrhage

Due to Blood condition

Due to

Other conditions (Include pregnancy within 3 months of death) H/O

Major findings:
Of operations

Of autopsy Purpura

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

8. AGE: Years 32 Months 11 Days 7
If less than one day hr. min.

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

10. Usual occupation Riveter & Housewife

11. Industry or business Curtis Wright Co

12. Name Frederick Averill

13. Birthplace Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Nellie Seaman

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Davis

(b) Address 3595 St. Christopher Lane

17. (a) Removal (b) Date thereof 2/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson, Iowa

18. (a) Signature of funeral director

(b) Address 2117 E. Grand Blvd.

19. (a) FEB 16 1944 (b) J. F. Brededeck
(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, on farm, in industrial place, in public place?
(Specify type of place) While at work? (e) Means of injury

23. Signature A. W. Burger (M. D. or other) M.D.
Address 8900 S. Sch. Rd. Date signed 2/16/44

34 47

FEB 6 1953

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 A. Moore

Licensed Embalmer No.....

3041

P. O. Address

2117 E. Grand

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.