

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

FILED FEB 28 1944
Registration District No. **313**

Primary Registration District No. **1005**

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:
Christian 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. (a) PRINT FULL NAME Hawley H. Davis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male **5. Color or Race** White **6. (a) Single, widowed, married, divorced** Widower

6. (b) Name of husband or wife Caroline E. Davis nee Haller **6. (c) Age of husband or wife if alive** ----- years

7. Birth date of deceased March 31, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	10	14	hr. min.

9. Birthplace Unknown N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Retired

MOTHER { **12. Name** Henry H. Davis

FATHER { **13. Birthplace** Unknown N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Raines

15. Birthplace Unknown N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter H. Davis

(b) Address 971 Switzer

17. (a) Burial Burial **(b) Date thereof** 2/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlenem Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) FEB 16 1944 **(b)** J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 971 Switzer Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14th
year 1944 hour 7:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from 2-12-44
_____, 19____, to 2-14-44, 19____;

that I last saw him alive on 2-14-44, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac vascular renal disease
sp

Due to _____

Due to _____

Other conditions 131
(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? _____

While at work? _____ **(c) Means of injury** 0

23. Signature Hawley H. Davis **(M. D. or other)** M. D.

Address 8074 N. Union **Date signed** 2-16-44

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Gustav W. Dietrich

Licensed Embalmer No. *4379*

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.