

FILED MAR 27 1944  
318

Registration District No. **318**

Primary Registration District No. **1003**

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. 17 days  
In this community Life (Specify whether years, months or days)

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. 1220a Blair (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Davis Anderson

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 Widowed  
6. (b) Name of husband or wife James Davis 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased June 25 1900  
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 23  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Virginia (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation mile

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

12. Name Bird Deal

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

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

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

16. (a) Informant Florence Robinson

(b) Address 1220a Blair

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

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

(b) Address 2625

19. (a) MAR 23 1944 (Date received local registrar) (b) J. B. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18, year 1944 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from February 1, 1944 to March 18, 1944; that I last saw her alive on March 18, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Pyelonephrosis Duration Unk.  
Non-calculous

Due to \_\_\_\_\_  
Due to 1/22

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
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 (Specify type of place) \_\_\_\_\_ (e) Means of Injury 0

23. Signature U. K. Fleet (M. D. or other) \_\_\_\_\_  
Address 3601 Whittier Date signed 3/20/44

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

MOTHER FATHER

**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 *R. P. Shindler*.....

Licensed Embalmer No. *2920*.....

P. O. Address *2625 Glasgow*.....

**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.**