

No. 2
-2-43
17-39
X-3969

FILED MAR 27 1944 318

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:
at Majestic Hotel, 300 No. 11th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ALBERT LLEWELLYN DAVIS

3. (b) If veteran, name war none
3. (c) Social Security No. 498-09-7095

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marie Louise Davis 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased January 5 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace New York City New York
(City, town, or county) (State or foreign country)

10. Usual occupation auditor & general manager

11. Industry or business W. T. Ferguson Lumber Co.

MOTHER FATHER {
12. Name unknown Davis
13. Birthplace New York City New York
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Louise Davis

(b) Address 8901 Bristol, St. Johns, Mo.

17. (a) burial (b) Date thereof 3-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7253 Delmar Blvd., St. Louis

19. (a) MAR 17 1944 (b) J. H. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Johns Station
(If outside city or town limits, write "RURAL")
(d) Street No. 8901 Bristol Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1944 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured left ventricle of the heart. Duration _____

Due to _____

Due to _____

Other conditions (Includes 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? _____ (Specify type of place) (e) Means of injury _____

23. Signature Thomas F. ... (M.D. or other) _____
Address Deputy Coroner Date signed 3-17-44

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

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

Bradford A. Miles

Licensed Embalmer No.

2901

P. O. Address

University City, S

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.