

FILED APR 20 1944

318

Primary Registration District No.

1003

Registrar's No.

3426

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: 1926 Virginia /
(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 Anna C. Davis

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

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

7. Birth date of deceased April 24, 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Arnold

13. Birthplace France 5
(City, town, or county) (State or foreign country)

14. Maiden name Mary Arnold

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lessie Lindley

(b) Address 1926 Virginia Ave

17. (a) Burial- Motor (b) Date thereof 4/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pocahontas, Ill.

18. (a) Signature of funeral director Wm. J. Robert L. & U. O.

(b) Address 1905 S. Grand Blvd.

19. (a) APR 13 1944 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 179
(d) Street No. 1926 Virginia Ave
(If rural, give location) NO
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12,
year 1944 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 15 to April 12 1944
that I last saw her alive on Apr 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
hypertension

Due to _____ Duration _____

Due to _____

Other conditions _____
(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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J. F. Brebeck (M. D. or other) MD
Address 1446 S. Grand Date signed 4/14/44

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.....

John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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.