

FILED AUG. 8 1944

State File No.

6648

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town ST LOUIS, MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST LUKES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 7 days
years, months or days

2. USUAL RESIDENCE OF DECEASED: 999

(a) State ILLINOIS (b) County MADISON

(c) City or town GRANITE-CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 2619 IOWA NR
(If rural, give location)

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

3. (a) PRINT FULL NAME ORVILLE DAVIS

3. (b) If veteran, name war No

3. (c) Social Security No. 333-03-208

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day 26 year 1944 hour 4 minute PM

21. I hereby certify that I attended the deceased from 7-19-44 to 7-26-44

that I last saw him alive on 7-26-44 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife FRANCES 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased: 12 5 1908
(Month) (Day) (Year)

Immediate cause of death: Altona - Brain
Internal capsule - Rt. of Brain

Due to _____

Due to _____

Other conditions: 5H
(Include pregnancy within 3 months of death)

8. AGE: Years 35 Months 7 Days 21
If less than one day _____ hr. _____ min.

9. Birthplace: GRANITE-CITY ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation: FOREMAN-FINISHING DEP.

11. Industry or business: GENERAL-STEEL-CASTINGS

12. Name: H.C. DAVIS

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

14. Maiden name: MARY-JANE-JONES

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

16. (a) Informant: Mrs. Orville Davis

(b) Address: 2619 Iowa Granite City Mo

17. (a) Burial (b) Date thereof: 7-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Johns Ev. City, Mo

18. (a) Signature of funeral director: Charles E. Morley

(b) Address: Granite City, Ill

19. (a) JUL 29 1944 (b) J. P. Brodeur
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations: _____

Of autopsy: Altona - internal capsule - Rt. of Brain

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) (Specify means of injury)

23. Signature: Raymond E. Stuckman (M. D. or other) _____
Address: 4943 Maple Bridge Date signed: 7/27/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MAY 21 1946

SEP 18 1944

SEP 19 1944

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..... *Charles E. Mercer*

Licensed Embalmer No. *2988*

P. O. Address. *Granite City, Pa.*

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.