

Registration District No. 317

Primary Registration District No. 2002

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town University City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
residence-7631 Westmoreland
 (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 MARY E. DAVIS.
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Zeph W. Davis
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 15 1868
 (Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day
76 4 24 hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name David Armstrong
 13. Birthplace Montreal Canada
 (City, town, or county) (State or foreign country)
 14. Maiden name Huldah Wiltse
 15. Birthplace Brockville Canada
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Horace R. Davis

(b) Address 7631 Westmoreland, U. City

17. (a) removal (b) Date thereof 10-10-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Illinois.

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

(b) Address 7235 Delmar Blvd., St. Louis

19. (a) OCT 10 1944 (b) E. J. McChauran
 (Date received and registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town University City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7631 Westmoreland
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th
 year 1944 hour 2:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 1944 to Oct 7 1944
 that I last saw her alive on Oct 7 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
 Due to My peritonitis
 Due to Intestinal Neoplasia
 Other conditions 131a
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

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 Martin J. [unclear] (M. D. or other) _____
 Address 506 Olive St. Date signed 10/9/44

507

11.7.3
Dr. Martin J. Glaser,
506 Olive Street,
CH-5025

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

Clarence H. Murray

Licensed Embalmer No. *4011*

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.