

FILED NOV 10 1944

1003

Registrar's No. **9280**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY SANITARIUM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs 6 mos 17 ds
(Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. City Sanitarium
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN DAVIS

3. (b) If veteran, name war: ---

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: April 29 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>5</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Not known Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business ---

MOTHER FATHER {

12. Name not known

13. Birthplace not known

14. Maiden name not known

15. Birthplace not known

16. (a) Informant Thelma Dwyler

(b) Address 5400 Arsenal St.

17. (a) Anatomical Body (b) Date thereof 10 26 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter

(b) Address 3850 Rutger

19. (a) NOV 1 1944 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th

year 1944 hour 9:20 minute P. M.

21. I hereby certify that I attended the deceased from April 3 1939 to October 20 1944; that I last saw him alive on October 20 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Duration 1939x

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy no

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 Anthony K. Busch (M. D. or other) _____

Address 5400 Arsenal Date signed 10/22/44

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

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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.....

Licensed Embalmer No.....

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.