

S. No. 2
DM-5-43
v. 5-17-39
I X36871

14528

FILED APR 23 1945

State File No.

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 760

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

1. PLACE OF DEATH: St. Louis

(a) County: St. Louis

(b) City or town: Lemay Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nazareth Convent
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Lemay Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Forder & Ringer Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Sister Mary Borgia Davis

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24 year 1945 hour 3:30 minute _____ P.M.

4. Sex: Female

5. Color or race: White

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

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

7. Birth date of deceased: May 21 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 3 1945 to Mar 24 1945 that I last saw her alive on Mar 23 1945 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>3</u>	_____ hr. _____ min.

Immediate cause of death: Chronic Endocarditis ?

Due to _____

Due to _____

9. Birthplace: St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Teacher

11. Industry or business: Retired

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

Major findings: _____

Of operations: _____

Of autopsy: _____

MOTHER FATHER

12. Name: Richard Davis

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

14. Maiden name: Margaret Coady

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant: Sister M. Emmerita

(b) Address: Nazareth Convent, Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 27, 45
(Month) (Day) (Year)

(c) Place: burial or cremation: Nazareth Cemetery

18. (a) Signature of funeral director: C. Hoffmeister U. & L. Co.

(b) Address: 7814 S. Broa dway

19. (a) MAR 27 1945 (Date received local registrar)

(b) E. G. McPonney MD (Registrar's signature)

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)

(g) Means of injury _____

23. Signature: Waldorf Hill (M. D. or other)

Address: Lemay, Mo. 63123 Date signed: 3/25/45

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... *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address... *7814 S. Broadway*

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."