. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42357

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2969

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town [redacted], Mo., RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5828 Lindenwood 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emilia Davidson Blank

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Capt Geo K Blank

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased 11 (Month) 20 (Day) 1918 (Year)

8. AGE: Years 27 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Iberia (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name M J Davidson
13. Birthplace Iberia (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Edna Heltzell
15. Birthplace Iberia (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Capt Geo K Blank
(b) Address 5828 Lindenwood, St. Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL MORTUARY
(b) Address 6464 Chippewa, St. Louis, Mo.

19. (a) 12-29-45 (Date received local registrar) (b) [signature] McDavan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24 year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-20-43, 19__, to 12-24, 1945; that I last saw her alive on 12-24, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Ovary, and rectum metastases, (two primary & distinct types.)	Ys. Mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

49a

Major findings: Of operations Inoperable carcinoma of left ovary, and ovary.
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 Charles Sherwin (M. D. ~~or other~~)
Address 3720 Washington Date signed 12/26/45

(Licensed Embalmer's Statement on Reverse Side)

3720 Washington
3-5 PM
Lyb 6744

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 Lewis 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.