

FILED MAR 31 1946 STANDARD CERTIFICATE OF DEATH

State File No.

7358

Registrar's No.

2089

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 month  
In this community 25 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
Street No. 4201 1/2 Sabadie 109  
(If rural, give location)  
(d) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

CARRIE DAVIS

(b) If veteran, name war no

(c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased Oct. 29 1869  
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business ref

12. Name William Abel

13. Birthplace don't know  
(City, town, or county) (State or foreign country)

14. Maiden name don't know

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

16. (a) Informant Mrs. Cayle Metlock

(b) Address 4201 1/2 Sabadie

17. (a) Burial (b) Date thereof 3/4/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Joseph A. Howard

(b) Address 1619 S. Grand

19. (c) MAR 4 1946 (Date received by registrar)  
J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28th  
year 1946 hour 10:20 minute P M.

21. I hereby certify that I attended the deceased from 2/30/46  
to 2/28/46, 1946, to 2/28/46, 1946;  
that I last saw her alive on 2/28/46, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of R. kidney Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of injury) (e) Means of injury \_\_\_\_\_

23. Signature A. Lee Stewart M.D. or other \_\_\_\_\_

Address 1515 Lafayette Date signed 3/1/46

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

**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

*Joseph A. Howard*

Licensed Embalmer No. *4139*

P. O. Address *4212 St Louis Ave*

**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.**