

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11043**

FILED MAR 27 1946
Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **2526**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9955

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Faith Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **96**
(c) City or town Wellston (14)
(If outside city or town limits, write "RURAL") **NR?**
(d) Street No. 6239 Ella Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Davisee.

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 Married
6. (b) Name of husband or wife Charles Davisee.
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased November 19, 1877.
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 26
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name Casper Naegli
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Dont know.
15. Birthplace Dont know.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Janet Cassidy.
(b) Address 4320 Jennings Road.

17. (a) Cremation. (b) Date thereof 3-18-1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) MAR 16 1946 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th.
year 1946 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from MARCH 13, 1946 to MARCH 15, 1946
that I last saw her alive on MARCH 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
PERFORATION OF SIGMOID PERITONITIS. CARCINOMA OF SIGMOID.

Duration

17R.

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

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)
(c) Means of injury 0

23. Signature Ann Davisee (M. D. or other) M.D.
Address 1194 HAMILTON AVE Date signed M.D.

Dr. Orville O. White.

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 *Clement McMay*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.