S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21651

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5244

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2824 a DICKSON, STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 YR - 6 MO
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 600

(c) City or town ST LOUIS 2/17
(If outside city or town limits, write "RURAL")

(d) Street No. 2824 a DICKSON STREET 1/0
(If rural, give location)

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

If yes, name country U.S.A

3. (a) PRINT FULL NAME VIRGENIA DAVIS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex F. MALE

5. Color or race COL

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

6. (b) Name of husband or wife WILL DAVIS

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased MAY (Month) 9 (Day) 1892 (Year)

8. AGE: Years 54 Months 0 Days 28 If less than one day hr. min.

9. Birthplace CRITTION COUNTY (City, town, or county) MISS (State or foreign country) 1

10. Usual occupation DOMESTICS

11. Industry or business HOUSEWIFE

FATHER
12. Name ALLEN MCNUTT
13. Birthplace (City, town, or county) MISS (State or foreign country) 1

MOTHER
14. Maiden name MARY TOWNSEND
15. Birthplace (City, town, or county) MISS (State or foreign country) 1

16. (a) Informant Roy Sisson
(b) Address 2824 a Dickson St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-14-1946 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS Cem

18. (a) Signature of funeral director John H Houston
(b) Address 2834 a Gamble street

19. (a) JUN 12 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 7th year 1946 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11/25/45 1 19 to 6/7 1946 that I last saw her alive on June 7 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature [signature] (M. D. or other)

Address 11 N Jefferson Date signed 6/10

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.