

FILED AUG 1 1946

Registration District No. **219**

Primary Registration District No. **4469**

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

1. PLACE OF DEATH:

(a) County Ste. Genevieve
(b) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Ste. Genevieve **95**
(c) City or town Ste. Genevieve **1**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Louise Marie Davitz

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased August 13 1863
(Month) (Day) (Year)

20. DATE OF DEATH: Month July day 6
year 1946 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 6 1946 to July 6 1946
that I last saw her ER alive on July 6 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Due to Coronary Thrombosis **7/6/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
82 10 23 hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Conrad Eichmeyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Heim
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stella Davitz
(b) Address Ste. Genevieve, Mo.

17. (a) Burial (b) Date thereof July 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Mo.
18. (a) Signature of funeral director Jerome K. Stanton
(b) Address Ste. Genevieve, Mo.

19. (a) July 10 - 46 (b) Gerena M. Stahl
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 940
Of autopsy _____

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 _____
23. Signature Rob. Lanning (M. D. or other) **7/6/46**
Address Ste. Genevieve Mo. Date signed

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.....

James H. Linton

Licensed Embalmer No. *3817*

P. O. Address.....

Ste Genevieve, Mo.

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.