No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 382200

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 3388

1. PLACE OF DEATH:

(a) County SAINT LOUIS:

(b) City or town OLIVETTE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
RES- 9355 OLD BONHOMME ROAD
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS:

(c) City or town OLIVETTE
(If outside city or town limits, write "RURAL")

(d) Street No. 9355 OLD BONHOMME ROAD.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME HELEN MARIA MILLER DAVIS

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 WIDOW

6. (b) Name of husband or wife FRANK E. DAVIS

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

7. Birth date of deceased OCTOBER (Month) 21 (Day) 1865 (Year)

8. AGE: Years 81 | Months 1 | Days 9 | If less than one day ____ hr. ____ min.

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

10. Usual occupation AT HOME

11. Industry or business ____

FATHER
12. Name PIERRE MILLER
13. Birthplace MONROE (City, town, or county) MICHIGAN (State or foreign country)

MOTHER
14. Maiden name MARY DUNNING
15. Birthplace LANCASTER (City, town, or county) OHIO (State or foreign country)

16. (a) Informant DR. THOMAS M. DAVIS
(b) Address 9355 OLD BONHOMME ROAD.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/2/46. (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director C. R. LUPTON & SONS
(b) Address 7233 DELMAR BLVD.

19. (a) 12-2-46 (Date received local registrar) (b) Ruth Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1946 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from ____, 194__, to Nov 30, 1946 that I last saw her alive on Nov 30, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral accident	8 days
Due to: arterio-sclerosis	10 yrs
Due to: Arterial-hypertension	10 yrs
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? (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Thos M Davis (M. D. or other)
Address 2422 N. Grand Date signed 11/30/46.

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 1955

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, N

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.