

7. S. No. 2
 FORM-5-43
 Rev. 5-17-39
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38524

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED DEC 9 1946
 Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
 Primary Registration District No. **1003**

State File No. _____
 Registrar's No. **10013**

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:
5913 Minnesota Ave., /
 (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 _____
 (c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
 (d) Street No. **5913 Minnesota Ave.,**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Corinne Davis**
 (b) If veteran, name war **None**
 (c) Social Security No. **None**
 4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 (b) Name of husband or wife **Geo. H. Davis**
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **March 19, 1864**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **November** day **20th**
 year **1946** hour **3:30p.m** minute _____ M.
 21. I hereby certify that I attended the deceased from **Mar 9**, 19**15**, to **Nov. 19**, 19**46**
 that I last saw **her** alive on **11-19**, 19**46**
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE: Years **82** Months **8** Days **1** If less than one day _____ hr. _____ min.
 9. Birthplace **St. Louis, Missouri**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **None**
 11. Industry or business _____
 12. Name **William H. Gray** **9**
 13. Birthplace **Unk**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Virginia Brown**
 15. Birthplace **Ill.**
 (City, town, or county) (State or foreign country)
 16. (a) Informant **Mr. Edward Davis**
 (b) Address **5913 Minnesota Ave.,**
 17. (a) **Burial** (b) Date thereof **11-25-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. Hope Cemetery**
Southern Funeral Home
 18. (a) Signature of funeral director _____
 (b) Address **6322 Grand Blvd.,**
NOV 25 1946
 19. (a) **NOV 25 1946** (b) **J. F. Bredeck**
 (Date received local registrar) (Registrar's signature)

Duration _____
Chr Myocardial **1 yr**
 Due to _____
 Due to _____
 Other conditions **Sensility** **5 yr**
 (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 place) (e) Means of injury _____
 23. Signature **J. F. Bredeck** (M. D. or other) **M.D.**
 Address **5600 Compton** Date signed **11/21/46**

(Licensed Embalmer's Statement on Reverse Side)

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

37339

10013

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 J. Wm. Binkley
Licensed Embalmer No. 3653
P. O. Address St Louis 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.