. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED MAY 1 1947

Registration District No. 318 Primary Registration District No. 1003

State File No. 14979
Registrar's No. 4122

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: 601 Loughbourgh
(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 000
(c) City or town St. Louis 1 77
(If outside city or town limits, write "RURAL")
(d) Street No. 601 Loughbourgh 9
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Anna May 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 Married
6. (b) Name of husband or wife Louis
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased June (Month) 2 (Day) 1874 (Year)

8. AGE: Years 72 Months 10 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Joseph Eisnogle 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 0
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Carol White
(b) Address 601 Loughbourgh
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Desoto Mo.
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) APR 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th year 1947 hour Two minute ~~Two~~ A.M.
21. I hereby certify that I attended the deceased from August 30th 1943 to April 1947 that I last saw her alive on April 19 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	8 days
Due to: Hypertension and Arteriosclerosis	10 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 R. F. Glaze (M. D. ~~or other~~)
Address 3720 Washington Date signed 4/21/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr K. Glaze
Beaumont Bldg
12-7

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 Olivia E. Fogelle

Licensed Embalmer No. 4148

P. O. Address Tennessee

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.