S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14985

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3878

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: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days (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. 3605a Cass Ave., (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY DAVIS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Davis

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

7. Birth date of deceased January 11th 1883 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Hillview Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William McClenning
13. Birthplace Unknown Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rosa Belle Neece
15. Birthplace Unknown Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Charles Davis
(b) Address 3605 a Cass Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Patterson, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) APR 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th year 1947 hour 4:28 minute P M.

21. I hereby certify that I attended the deceased from 3/17/47, 19, to April 10th, 1947 that I last saw her alive on April 10th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hematoma post-operative

Due to

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

23. Signature James J. McDonald (M. D. or other)

Address 1515 Lafayette Date signed 4/11/47

(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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis

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.