No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 8 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15863

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 984

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 3 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mexico (b) County 999

(c) City or town Mexico City 219
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Davison

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

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

6. (b) Name of husband or wife Mary Davison

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Dec. (Month) 7th (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
50	4	26	hr. min.

9. Birthplace Dont Know (City, town, or county) Mexico (State or foreign country)

10. Usual occupation Plant Supt.

11. Industry or business Maxican Telegraph

FATHER
12. Name Robert Thomas Davison
13. Birthplace New Castle (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Margaret Melrose
15. Birthplace Dont Know (City, town, or county) Mexico (State or foreign country)

16. (a) Informant Mr. L. A. Swanson
(b) Address 9004 Chestnut St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mexico.

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) 5-5-47 (Date received local registrar) (b) Carl A. Gray MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1947 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 4/30/47, 19..., to 5/3/47, 19...; that I last saw him alive on 5/3/47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis

Due to perforated gastric ulcer.

Due to 117a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature Warren H Swanton (M. D. or other)

Address 607 - N Grand Date signed 5/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 8 1947

MAY 12 1947

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.