

**FILED** AUG 16 1947

Registration District No. 377 Primary Registration District No. 6076

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Gardenville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 8149 Gravois Avenue  
Gilbert Miller Nursing Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 year 4  
 (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis 96  
 (c) City or town Pine Lawn  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2121 Overlea Avenue.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mary E. Davis.  
**3. (b) If veteran,** name war None  
**3. (c) Social Security No.** None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month August day 4th.  
 year 1947 hour 5 minute A.M. M.  
**21. I hereby certify that I attended the deceased from** May 12th, 1947 to August 4th, 1947;  
 that I last saw her alive on August 3rd, 1947;  
 and that death occurred on the date and hour stated above.

**4. Sex** Female **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** William Davis  
**6. (c) Age of husband or wife if alive** 66 years  
**7. Birth date of deceased** May 26, 1877.  
 (Month) (Day) (Year)

Immediate cause of death Acute Myocarditis 1 mo.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Chronic Nephritis and Arteriosclerosis 3 Mo.  
 (include pregnancy within 3 months of death)

**8. AGE:** Years Months Days If less than one day  
70 2 8 hr. min.  
**9. Birthplace** Kentucky  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** Housewife

Major findings:  
 Of operations no  
 Of autopsy no  
 Underline the cause to which death should be charged statistically.

**11. Industry or business**  
**12. Name** Henry Stansbury  
**13. Birthplace** Dont know. 9  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Dont know.  
**15. Birthplace** Dont know. 9  
 (City, town, or county) (State or foreign country)  
**16. (a) Informant** Mrs. Bertha Imhof.  
**(b) Address** 2121 Overlea Avenue.  
**17. (a) Burial** (b) Date thereof 8-6-1947.  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Lake Charles Cemetery.  
**18. (a) Signature of funeral director** Geo. L. Pleitsch, Inc.  
**(b) Address** 5966-68 Easton Avenue  
**19. (a) 8-7-47** (b) Paula J. Haynes  
 (Date received local registrar) (Registrar's signature)

**22. If death was due to external causes, fill in the following:**  
**(a) Accident, suicide, or homicide (specify)** no  
**(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?** no  
 (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** W. H. Walters M.D. (other)  
**Address** 3608 S. Grand Blvd. **Date signed** 8/5/47

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

MOTHER/FATHER

Dr. W. H. Walters.  
3608 So. Grand Blvd.  
Laclede 7891

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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

*Clement McNamee*

Licensed Embalmer No. *3733*

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.