

No. 2  
-1/47  
-17-39

2419

National Office of Vital Statistics  
FILED JAN 16 1948

258

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **SAINT LOUIS, MISSOURI**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution.....  
**2847 ARLINGTON AVENUE**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
**LIFE** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MISSOURI** (b) County.....  
(c) City or town..... **SAINT LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **2847 ARLINGTON AVENUE**  
(If rural, give location)  
(e) Citizen of foreign country?..... **NO** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... **WILLIAM A. DAVIS**

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **JANUARY** day..... **8th**  
year..... **1948** hour..... **11** minute..... **00** A.M.

21. I hereby certify that I attended the deceased from.....  
**2-6**..... 19**46** to **1-8**..... 19**48**:  
that I last saw him alive on..... **1-8**..... 19**48**:  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**coronary thrombosis** **6 months**

Due to.....  
**myocarditis, mitral stenosis** **5 yrs.**

Due to.....  
**92**

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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?..... (Specify type of place)  
Means of injury.....

23. Signature..... **L. K. Garner** (M. D. or other).....  
Address..... **3724 Juniper Rd** Date signed..... **1-9-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

4. Sex..... **MALE** 5. Color or race..... **WHITE** 6. (a) Single, widowed, married, divorced..... **MARRIED**  
6. (b) Name of husband or wife..... **MARY C. DAVIS nee TICHACEK** 6. (c) Age of husband or wife if alive..... **65** years  
7. Birth date of deceased..... **FEBRUARY 27th, 1881**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**66** **10** **11** hr. min.

9. Birthplace..... **SAINT LOUIS COUNTY, MISSOURI** (City, town, or county) (State or foreign country)

10. Usual occupation..... **ELECTRICIAN**

11. Industry or business..... **CITY OF SAINT LOUIS**

12. Name..... **ALONZO F. DAVIS**

13. Birthplace..... **SAINT LOUIS, COUNTY, MISSOURI** (City, town, or county) (State or foreign country)

14. Maiden name..... **ANNA SCHICK**

15. Birthplace..... **GERMANY** (City, town, or county) (State or foreign country)

16. (a) Informant..... **MARY C. DAVIS**

(b) Address..... **2847 ARLINGTON AVENUE**

17. (a) **BURIAL** (b) Date thereof..... **1/12/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **FEE FEE CEMETERY**

18. (a) Signature of funeral director..... **CALVIN F. FEUTZ**

(b) Address..... **4828 NATURAL BRIDGE BOULEVARD**

19. (a) **JAN 9 1948** (b) **J. J. Predeck**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Mr. L.P. Barnett,  
3724 Jennings Rd.,  
2 to 4 P.m.,  
10 to 12 a.m.

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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 \_\_\_\_\_

*John A. Menden*

Licensed Embalmer No. \_\_\_\_\_

*4186*

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.