

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town BRENTWOOD MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST MARYS HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 YEARS (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS
(c) City or town BRENTWOOD MO
(If outside city or town limits, write "RURAL")
(d) Street No. 2623 HIGH SCHOOL DR
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM PATRICK DAVIDSON
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 48 hour 4 minute 15 P M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. live alive on June 19, 1948;
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced S O
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 21 1944
(Month) (Day) (Year)

Immediate cause of death Memorizing and shock Duration hrs
Due to agranulocytosis
Due to Lead poisoning
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
3 10 29 hr. min.

Major findings:
Of operations _____
Of autopsy _____
Underline cause of death which should be certified

9. Birthplace RICHMOND HTS MO
(City, town, or county) (State or foreign country)
10. Usual occupation CHILD

11. Industry or business _____
12. Name WM DAVIDSON
13. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace LUCILLE M SANDER
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Wm Davidson
(b) Address 2623 High School Dr.
17. (a) BURIAL (b) Date thereof JUNE 21-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature C. K. Hamilton (M. D. or other) 310
Address Mo. Theater Bldg. Date signed 6/19/48

18. (a) Signature of funeral director Watson Bookman
(b) Address 6536 Clayton Rd
19. (a) 6-21-48 (b) Paul J. Hamilton
(Date received local registrar) (Registrar's signature)

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Henry M Brammer

Licensed Embalmer No. *4700*

P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, give the name of township)
(c) Name of hospital or institution:
St. Louis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME

Wm P. Davidson

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 3 Months _____ Days _____ (If less than one day) hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

13. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

PHYSICIAN

Of autopsy _____

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) accident

(b) Date of occurrence 3

(c) Where did injury occur? home paint shop (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Father has paint shop in home (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature E. K. Nemeth (M. D. or other)

Address 1242 Mo. Street, St. Louis Date signed 7/8/42

SUPPLEMENTARY

MOTHER FATHER

FURNISH ONE COPY TO THE REGISTRAR

S-21572

Handwritten notes at the bottom of the page, including the number 175 and other illegible markings.