

National Office of Vital Statistics
FILED JUL 28 1948

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6322

1. PLACE OF DEATH:

(a) County
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6936a West Park Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6936a West Park Ave.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME WILLIAM P. DAVIS

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Catherine 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 11 1855
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	93	0	5 hr. min.

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired 4 Years

11. Industry or business Tip Top Bottling Co.

12. Name Martin Davis

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

14. Maiden name Mary Lennon

15. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant William A. Neukum
 (b) Address 6936a West Park Ave.

17. (a) Burial (b) Date thereof 7-19-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
 (b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 16 1948 (b) J. F. Bruckner
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
 year 1948 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 7 1946 to July 16 1948
 that I last saw him live on July 15 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Old Myocarditis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 93

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?

While at work? (Specify type of place) (e) Means of injury (.)

23. Signature J. F. Bruckner (M. D. or other)
 Address 6336 Clayton Road Date signed 7/16/48

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 Edwin M. Bennett

Licensed Embalmer No. 3024

P. O. Address.....

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.