

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

Filed 1003 9635  
 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH  
 a. COUNTY Missouri  
 b. CITY (If outside corporate limits, give TOWNSHIP only) St Louis Length of stay in 1b OR TOWN Inside Limits Yes  No   
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3958 Arsenal Street Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 3958 Arsenal Street Reside on Farm Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY  
 c. CITY OR TOWN St Louis Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 3958 Arsenal Street Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
 Mary Etta Davison Oct 17 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9/27/79 9. AGE (last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) St Louis Missouri 12. CITIZEN OF WHAT COUNTRY U S

13a. FATHER'S NAME William Warrance 13b. MOTHER'S MAIDEN NAME Katherine Kern 14. NAME OF HUSBAND OR WIFE Adelbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Address Adelbert Davison 3958 Arsenal St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arteriosclerotic heart dis  
 DUE TO (b) Ch Bronchitis  
 DUE TO (c) 420.0  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 17 1961 to Oct 17 1961 and last saw her alive on Oct 17, 1961  
 Death occurred at 4:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph Bergmo 22b. ADDRESS 3203 S Grand 22c. DATE SIGNED 10/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10/20/61 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) St Louis Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Moydell Funeral Home 1926 Allen 25. DATE RECD. BY LOCAL REG. OCT 18 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harley A. Jaeller Jr  
Licensed Embalmer No. 4950

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.