

11 1938 REC'D JUL 7 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22916  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Louis Registration District No. 784  
(b) Township Central Primary Registration District No. 200  
(c) City Mt. Pleasant (d) Street No. Dorchester Registered No. 1007  
Lackland Road  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME Vivian Brewer Davidson  
(a) Residence, No. 10,225 Niblic Drive St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl Davidson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28 - 1918  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
19 5 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.   
10. Date deceased last worked at this occupation (month and year) 6/8/38 11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Overland, Mo.

FATHER 13. NAME Harvey Brewer  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Rose Bunten  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Carl Davidson  
10,225 Niblic Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fee Fee Cem DATE 6-11 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Burnham Bros. Inc.  
2504 - Woodson Rd - Overland, Mo.

20. FILED 11 1938 J. S. Meyer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1938  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:15 PM.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Homocide by fire-arms (shot-gun)  
6/8/38  
Other contributory causes of importance:  
Gun-shot wound of the head 6/8/38

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? physical signs there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide homicide Date of injury 6/8/38  
Where did injury occur? near Overland, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
In yard of private home.  
Manner of injury Homocide by firearms  
Nature of injury shotgun wound of head.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) John O'Connell M. D.  
Coroner of St. Louis County, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, \_\_\_\_\_

*Willard G. Peterson*, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Willard G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *Overland 7*

**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, above space should be left blank.**