DEC'D SEP 12 1938

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

791

27384
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 7398

(c) City ST. LOUIS (d) Street No. 4662 EVANS AVE St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(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 MATTIE DAVIS 120

(a) Residence, No. 4662 EVANS AVE St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN DAVIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 25, 1870

7. AGE: YEARS 67 | MONTHS 11 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWORK
9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year) MAY 1938
11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TROY ILL.

FATHER

13. NAME JAMES HAWKINS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.

MOTHER

15. MAIDEN NAME CHAPMANN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL

17. INFORMANT (ADDRESS) CLARA BECKER 1425 N. NEWSTEAD

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE 8/22/38, 19

19. FUNERAL DIRECTOR (ADDRESS) CULLEN + KELLY 1416 N. TAYLOR AVE

20. FILED AUG 21 1938 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1938, to Aug. 19, 1938
I last saw her alive on Aug 19, 1938. Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction cause unknown

Date of onset: Aug. 15 1938

Other contributory causes of importance: none

122

Name of operation refused same Date of .....
What test confirmed diagnosis? all symptoms Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) ERWIN H. CRECELIUS M. D.
(Address) 2330 A N. Union

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Clement McNeary, Licensed Embalmer No. 3732

hereby certify that the body recorded on the reverse side of this certificate was embalmed by one

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Clement McNeary

Licensed Embalmer No. 3732

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.)