APR 12 1939

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

791
1003

9198
Do not use this space.

1. PLACE OF DEATH

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

(b) Township ..... / Primary Registration District No. ..... Registered No. 2963

(c) City or Town St. Louis (d) Street No. Desloge Hospital 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stella Mae Davis

(a) Residence, No. 1805 Hickory Street St. 22
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Earl Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50	9	15	

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. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Joseph Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Earl Davis
(ADDRESS) 1805 Hockory Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cemetery 3/29/39

19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin
(ADDRESS) 2301 Lafayette

20. FILED MAR 29 1939 J. B. Budnick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1939, to March 27, 1939 and last saw her alive on March 26, 1939. Death is said to have occurred on the date stated above, at 9:22 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephrosis	?
Cirrhosis of Liver	?

Other contributory causes of importance:

Syphilis	?

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... 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) E. Lee Shrader, M.D.

(Address) 3720 Washington Blvd

(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.

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 L. O. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayet

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

If this body is not embalmed, above space should be left blank.