

MAY 15 1940 791
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3728

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:
6717 Arsenal St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6717 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mary Frances Davis 120

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife William A. Davis 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 25, 1849
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 2 28 _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business Housewife

MOTHER FATHER { 12. Name James M. Mills
18. Birthplace Gallatin, Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Kelly
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. N. Brown
(b) Address 6649 Marquette Ave.

17. (a) Burial (b) Date thereof 4/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Baptist Church, Mo.

18. (a) Signature of funeral director _____
(b) Address Clayton Rd. at Concordia Lane

19. (a) APR 24 1940
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1940 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 16
1940 to April 23, 1940
that I last saw her alive on April 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis Duration 4 Weeks
Due to Cerebral Haemorrhage 5 weeks
Due to Arteriosclerosis 10 yrs

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 C. V. W. W. W. M.D. (M. D. or D. O.)
Address 3201 Ivanhoe Ave. Date signed 4/24/40

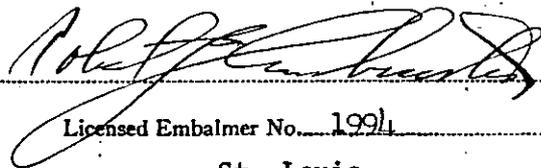
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____



Licensed Embalmer No. 1994

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