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7-39  
X23159

REC'D AUG 25 1940 91

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

State File No. \_\_\_\_\_

Registrar's No. **6412**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Pearl Davis 120

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 497-07-2863

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 25, 1890  
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Waitress

11. Industry or business \_\_\_\_\_

12. Name George Davis

13. Birthplace St. Louis, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Cora Gray

15. Birthplace St. Louis, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Davis

(b) Address 5913 Minnesota

17. (a) Burial (b) Date thereof 8-2-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand

19. (a) JUL 30 1940 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

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. 5913 Minnesota  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30,  
3 year 1940 hour 5:35 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from July 27, 1940 to July 30, 1940;  
that I last saw her alive on July 30, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast Duration 1 yr.

Due to Carcinoma of Breast

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy not granted

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 Samuel Waller Jr. (M. D. or other) Dr. K.

Address 1515 Lafayette Date signed 7/30/40

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

MOTHER FATHER

TS

**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.....

*Frank Ludwig*

Licensed Embalmer No. *2504*

P. O. Address. *St Louis Mo*

**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, fact should be so stated above.**