

AUG 25 1940 791  
Registration District No.

Primary Registration District No. 1003

Registrar's No. 6418

## 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:  
Peoples Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
 (Specify whether  
 In this community unavailable  
 years, months or days)

3. (a) PRINT FULL NAME Lucille Davis 120

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Nelson Davis 6. (c) Age of husband or wife if alive 42 years7. Birth date of deceased June 25th. 1898  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
42 1 2 hr. min.9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

## 11. Industry or business

MOTHER FATHER { 12. Name Harry Davis 113. Birthplace Clarksville Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Lucinda Robinson15. Birthplace Quincy Illinois  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Nelson Davis(b) Address 3905 W. Belle Apt. #1717. (a) Burial (b) Date thereof 7-31-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Father Dickson Cem.18. (a) Signature of funeral director W. J. Satter(b) Address 4107 Finney Ave.19. (a) JUL 30 1940 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town Saint Louis //  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3905 W. Belle  
 (If rural, give location)  
 (e) If (foreign born, how long in U. S. A.) \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th.  
year 1940 hour 3:15 minute P. M.21. I hereby certify that I attended the deceased from APR. 28  
1940, 1940, to July 27th., 1940;  
that I last saw her alive on July 27th., 1940;  
and that death occurred on the date and hour stated above.Immediate cause of death CEREBRAL  
Apoplexy Duration 3 MosDue to HYPERTENSION

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

Other conditions NEPHRITIS chronic  
(Include pregnancy within 3 months of death)Major findings:  
Of operations 131

Of autopsy \_\_\_\_\_

## 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 SINKLER23. Signature: William S. Sinker (M. D. or other) \_\_\_\_\_Address 901a N. Vandeventer Date signed 11

STATEMENT BY LICENSED EMBALMER

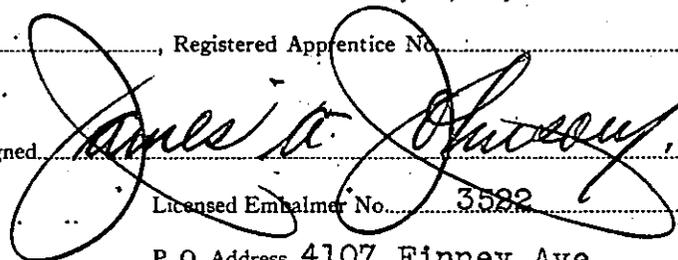
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3582

P. O. Address 4107 Finney Ave.....

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.