

7-39
K23159

Registration District No. 784 Primary Registration District No. 111

1. PLACE OF DEATH:
(a) County St. Louis Co.
(b) City or town St. Louis Rich Hgt
(c) Name of hospital or institution: St. Mary's Hospital
(d) Length of stay: In hospital or institution 5 days
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 2144 Richert Place
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Janet Alvis
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 21, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 15 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER
12. Name Herman Alvis
13. Birthplace Ripley, Miss.
14. Maiden name Daphne Davis
15. Birthplace Bunker, Mo.

16. (a) Informant Herman Alvis
(b) Address 2144 Richert Place

17. (a) Burial (b) Date thereof 12/9/40
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director
(b) Address 2301 Lafayette Ave

19. (a) DEC 9 1940
(b) Registrar's signature
(c) Date received local registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 6
year 1940 hour 8 minute 55 P.M.
21. I hereby certify that I attended the deceased from Dec. 6 to Dec 6, 1940
that I last saw her alive on Dec 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death
Broncho-pneumonia.
Due to _____
Due to 107a
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy Broncho-pneumonia
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. W. White (M. D. or other) !
Address 4500 Olive Date signed _____
While at work? (Specify type of place) _____
(c) Means of injury _____

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

Ch. J. White

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. R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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

If this body is not embalmed, fact should be so stated above.