

2  
2-40  
7-39  
K23159

REC'D MAR 25 1941 791  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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: **City Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Mo. 20 Days**  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Isaac W Davis**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Feb 4 1874**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**66 11 11** hr. min.

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

10. Usual occupation **none**

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

MOTHER FATHER { 12. Name **Isaac Davis**

13. Birthplace **New York / N. Y.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Scanlan**

15. Birthplace **Michigan**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Fred W Garner**

(b) Address **5738 Enright**

17. (a) **Burial** (b) Date thereof **Feb 18 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **a. Kron L. U. Co**

(b) Address **2707 North Grand**

19. (a) **FEB 17 1941** (b) **J. W. Brudeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**

(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5738 Enright**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **15**  
year **1941** hour **3:05** minute \_\_\_\_\_ PM.

21. I hereby certify that I attended the deceased from **December 26**, 19**40** to **February 15, 41**  
that I last saw him **alive** on **February 15, 19 41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Gangrene**

Due to **Diabetes Mellitus**

Due to **arterio-sclerosis**

Other conditions **61**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **19**

Of autopsy **21**

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 **D**

23. Signature **J. O. Weil** (M. B. or other) **3/17/41**

Address **1515 Lafayette Avenue** Date signed \_\_\_\_\_

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.

P. O. Address

**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.**