

FILLED NOV 24 1941  
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis.**  
(b) City or town **St. Louis.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Louis City Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 Days**  
(Specify whether  
In this community **13 Years.**  
years, months or days)

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. **3225 No. Florissant Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **5th.**  
year **1941** hour **3** minute **10 P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death: **Lobar Pneumonia upper Lobe Abscessed. Fracture of the Left Hip**  
Duration  
Deceased slipped and fell to the wooden floor at the home of the Little Sisters of the Poor, 2209 Helbert St. St. Louis, Mo. Sept 28, 1941 about 8 am

Other conditions (Include pregnancy within 3 months of death)

Major findings: **186a**  
Of operations  
Of autopsy **18**  
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) **Accident**  
(b) Date of occurrence **9/29/41 000**  
(c) Where did injury occur **St. Louis Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home**  
(Specify type of place)  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature **Chas. Perry** (M. D. or other)  
Address **St. Louis Mo** Date signed **10/6/41**

3. (a) PRINT FULL NAME **Mary Davis.**

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

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Widowed.**

6. (b) Name of husband or wife **Frank Davis.** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June 2, 1862**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **4** Days **3**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Illinois.** 1  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home.**

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

MOTHER FATHER { 12. Name **Baltazar Zohn.**

13. Birthplace **Germany.** **K**  
(City, town, or county) (State or foreign country)

14. Maiden name **Dont Know.**

15. Birthplace **Dont Know.** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Little Sisters of Poor.**

(b) Address **3225 No. Florissant Ave.**

17. (a) **Burial.** (b) Date thereof **10-7-41.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **OCT 6 1941** (b) **J. N. Bredsch**  
(Date received local registrar) (Registrar's signature)

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

547  
00  
979

*Proven: affixed*

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**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 *W H Van Matre*  
Licensed Embalmer No. *2825*  
P. O. Address *4340 Lafayette*

**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.**