S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12532
Registrar's No. 3876

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 MARYS INFIRMARY (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 DAYS. In this community: 2 WEEKS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: 21 000 13
(c) City or town: ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No.: 626 B. N. GARRISON (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: LUCY DAVIS
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO
4. Sex: FEMALE
5. Color or race: C
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: UNKNOWN
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 12 (Month) 18 (Day) 68 (Year)
8. AGE: Years 74 Months 3 Days 15 If less than one day hr. min.
9. Birthplace: ROCKMARK (City, town, or county) GA. (State or foreign country)
10. Usual occupation: HOUSWORK
11. Industry or business:
FATHER 12. Name: UNKNOWN.
13. Birthplace: " " (City, town, or county) " (State or foreign country)
MOTHER 14. Maiden name: " "
15. Birthplace: " " (City, town, or county) " (State or foreign country)
16. (a) Informant: Robert Davis
(b) Address: 626 B. N. Garrison
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: 5-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest City, Arkansas.
18. (a) Signature of funeral director: Bernie Lowe
(b) Address: 3103 Washington Ave
19. (a) APR 30 1942 (Date received local registrar) (b) J. J. Bledsoe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 27 year 1942 hour 3 minute P.M.
21. I hereby certify that I attended the deceased from April 1942 to April 27 1942 and that I last saw him alive on April 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cr. myocarditis	
Due to: CVD	
Due to: HD	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: None

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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: L. B. Howell (M. D. or other)
Address: 2902 Le Clede Date signed: 4-30-42

944 (Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649a Delmar Blv

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.