

FILED DEC 29 1942 818

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 10606

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 7500 St Charles Rock Road
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Infant Davis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Boy

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 2 1942

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

5 hr. 35 min.

9. Birthplace St Louis Mo

(City, town, or county)

(State of foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name William R. Davis

13. Birthplace Mason Co. Ill.

(State or foreign country)

14. Maiden name Lorraine Shackmeyer

15. Birthplace Omaha Neb.

(State or foreign country)

16. (a) Informant Mo Baptist Hospital

(b) Address 912 N Taylor

17. (a) Burial (b) Date thereof DEC 22 1942

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Merchman

(b) Address City Health Dept

19. (a) DEC 21 1942 (b) J. T. Brueck

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2
year 42 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-1
1942, to 12-2 1942.

that I last saw him alive on 12-2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Premature (6 mo)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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 _____

23. Signature James E. Karsner MD

Address 3903 Cicell Date signed 12-2-42

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

10606

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.