

Registration District No. 318  
Primary Registration District No. 1003

FILE

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

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:  
6947 Mardell  
(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)

3. (a) PRINT FULL NAME Charles Wayne Davis

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

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. June 22, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 21 hr. min.

9. Birthplace Springfield, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name Charles Davis

13. Birthplace Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Wood

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

16. (a) Informant Charles Davis

(b) Address 6947 Mardell

17. (a) Burial (b) Date thereof. 1/14/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) J. F. Bredok (b) J. F. Bredok  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 6947 Mardell Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13  
year 1943 hour 4:00 a.m. minute..... M.

21. I hereby certify that I attended the deceased from 1-9-1943 to Jan 9 1943;  
that I last saw him alive on Jan 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Acute ?

Due to Acute Catarhalaeferis

Due to.....

Other conditions (Include pregnancy within 3 months of death) 1/2

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 R. T. Quinn (M. D. or other).....  
Address 6917 Taylor Date signed 1/18/43

**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 \_\_\_\_\_  
working under my personal supervision.

*Not embalmed*

Registered Apprentice No. \_\_\_\_\_

Signed *Shoring Eymck* \_\_\_\_\_

Licensed Embalmer No. *1284* \_\_\_\_\_

P. O. Address *St. Louis Mo.* \_\_\_\_\_

**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.**