

FILED MAR 11 1943

Registration District No. 109

Primary Registration District No. 109

Registrar's No. 328

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7229 Rule
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nil
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7229 Rule
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Hugh Watson David

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gabrielle David 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept. 24, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 12 hr. min.

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

10. Usual occupation Raw Fur Dealer

11. Industry or business

12. Name George David
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Watson
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Gabrielle David
(b) Address 7229 Rule

17. (a) Burial (b) Date thereof 2-9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) FEB 9 1943 (b) E. J. McKeon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 20 1943 to Feb 6 1943; that I last saw him alive on Feb 5 1943; and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to arteriosclerosis chronic bronchitis

Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(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 W. B. Rossard (M. D. or other)
Address 7500 E. Anthony Date signed 2-8-43

Duration 1 day
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

96
5
3

362

AUG 30 1945

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..... *H. P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address..... *Maplewood*

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.