

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 2721

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence; 6917 Raymond,
(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 Missouri (b) County St. Louis
 (c) City or town University City
(If outside city or town limits, write "RURAL")
 (d) Street No. 6917 Raymond
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William M. Davidson
 (b) If veteran, name war none
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 7
 year 1943 hour 11:20 minute A. M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Grace Welsh Davidson
 (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased May 21st 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 1, 1943 to Dec. 7, 1943
 that I last saw him alive on Dec. 7, 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>15</u>	hr. _____ min. _____

Immediate cause of death Uremia
 Due to cardio-renal disease
 Due to _____

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

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation Retired; & Pulvz Co

Major findings:
 Of operations _____

11. Industry or business Gen. Mgr. Wm. Patton Crushe
 MOTHER FATHER {
 12. Name Mons Davidson
 13. Birthplace unknown Norway
(City, town, or county) (State or foreign country)
 14. Maiden name Orle Francisco
 15. Birthplace unknown Michigan
(City, town, or county) (State or foreign country)

Of autopsy 1310
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Grace Welsh Davidson
 (b) Address 6917 Raymond Ave.

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?

17. (a) burial (b) Date thereof 12/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cemetery

While at work _____ (Specify type of place)
 (e) Means of injury _____

18. (a) Signature of funeral director C. R. Lupton & Sons
 (b) Address 7233 Delmar St. Louis, Mo.
DEC - 9 1943 (c) E. B. Mc Gowan, M.D.
(Date received local registrar) (Registrar's signature)

23. Signature Arthur Susslow (M. D. or other) M.D.
 Address 2202 University St. Date signed 12/7/43

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

96
3
5

Dr. William University
2202 University
CE-3995
Apr. 12-2 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.