

FILED DEC 29 1943 8

State File No. 11160
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL") 9 18
(d) Street No. 4018 1/2 Papin Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME WILLETTA TOWNSEND

3. (b) IF veteran, name war --- 3. (c) Social Security No. None

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife William Davis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Houswife

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin Henderson
13. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)
14. Maiden name Emma Collins
15. Birthplace Unavailable Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Inez Townsend
(b) Address 4018 1/2 Papin Street
17. (a) Burial (b) Date thereof 12-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue
19. (a) DEC 15 1943 J. F. Bruner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 10, th
year 1943 hour 3; minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 4th 1943 to Dec 10th 1943
that I last saw him alive on Dec 10th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Robert pneumonia 6 Day

Due to 108

Due to _____
Other conditions Chronic bronchial asthma
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy no

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?

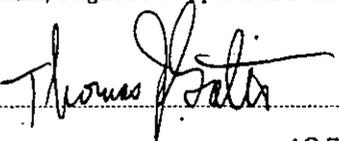
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. F. Bruner (M. D. or other)
Address 3136 Chouteau Avenue Date signed _____

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

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.....

.....Thomas J. Gates....., Registered Apprentice No.....
working under my personal supervision.

Signed..........

Licensed Embalmer No. 4259.....

P. O. Address 4107 Finney Avenue.....

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.

