

FILED DEC 27 1943

Registration District No. 3

Primary Registration District No. 6076

Registrar's No. 2866

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8201 McKenzie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 yr.
years, months or days)

3. (a) PRINT FULL NAME Susan Davidson
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Isaac 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Jan 16 1866
(Month) (Day) (Year)

8. AGE: 76 Years 11 Months 4 Days If less than one day
hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name unknown Smith
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rudolph R Davidson

(b) Address 8201 McKenzie

17. (a) removal (b) Date thereof 12-20-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paragould Ark

18. (a) Signature of funeral director W. H. Drby

(b) Address Pector Ark

19. (a) DEC 22 1943 (b) C. Davidson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. 8201 McKenzie
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 20
year 1943 hour 2:30 minute P. M.
21. I hereby certify that I attended the deceased from 12-18
1943, to 12-20, 1943.
that I last saw him alive on 12-20, 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 1/2 day
Due to Chronic myocarditis yes
Chronic arteriosclerosis
Due to arterio-sclerosis
Other conditions Hemiplegia left. several
(Include pregnancy within 3 months of death) wks
PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy 93d
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 Erwin D. Creelies (M. D. or other) 12/20/43
Address 748 Lemay Ferry Rd Date signed _____

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

76
9
3

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

Harold P. Rowland

Licensed Embalmer No.

3114

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.