

FILED JUN 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

196077

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

5306

1. PLACE OF DEATH:

318

(a) County.....
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6107 Ella Avenue.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days

3. (a) PRINT FULL NAME Alice Davis.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife.....
John Davis 6. (c) Age of husband or wife if alive Dec'd years
 7. Birth date of deceased April 10, 1878
 (Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 1 If less than one day
 hr. min.

9. Birthplace ? Illinois.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business.....

12. Name Frank Thaxton.
 13. Birthplace Dont know.
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Ladd.
 15. Birthplace Dont know.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles O. Davis.
 (b) Address 6107 Ella Avenue.
 17. (a) Burial (b) Date thereof 6-13-1944.
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
 (b) Address 5966-68 Easton Avenue.

19. (a) JUN 22 1944 (b) J. F. Busch
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6107 Ella Avenue.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th.
 year 1944 hour 6 minute 12 A.M.

21. I hereby certify that I attended the deceased from 6-1-44
 to 6-11-44, 19...
 that I last saw her alive on 6-11 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Diseases of the Coronary Arteries D.K.

Due to dysrhythmia
Chr Myocarditis & Myocardial- D.K.
 Due to Arteriosclerosis D.K.

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

Major findings:
 Of operations None
 Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) 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 John A. Rogers (M. D. or other)
 Address 6693 Delmar Date signed 6/12/44

D. L. Jones 5 mo

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A LEADENED PENCIL POINT

Dr. John A. Rogers.
6693 Delmar Blvd.
Hours 9 to 11 A.M.
Telephone Cabanne 2101

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.....

John Dean Harris

Registered Apprentice No.

363

working under my personal supervision.

Signed.....

John Hetter

Licensed Embalmer No.

3880

P. O. Address.....

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.