

15-5677
FORM-5-43
Rev. 5-17-39
I X36871

FILED NOV 1 1944
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 8983

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days 0
(Specify whether _____)

In this community _____
years, months or days

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. 3234 So. 13th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Fannie Davis

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LEWIS

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Sept. 4 - 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name MATTHEW ABRAHAM

13. Birthplace ENGLAND
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant LEWIS DAVIS

(b) Address 3234 So. 13th

17. (a) BURIAL (b) Date thereof 10/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS

18. (a) Signature of funeral director W. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) OCT 23 1944 (b) J. J. Prud'homme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21 year 1944 hour 11:25 minute A M.

21. I hereby certify that I attended the deceased from September 25, 1944, to October 21, 1944;

that I last saw her alive on October 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Suppurative nephritis, acute

Duration _____

Due to _____

Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Small abscess in kidney left kidney small & scarred

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 Herbert C. Fritz (M. D. or other) 10/23/44
Address 1515 Lafayette Avenue Date signed _____

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

L. R. Cooper

Licensed Embalmer No.....

3633

P. O. Address.....

2301 Lafayette

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.