

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

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution:
3327 Lucas Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ---

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3327 Lucas Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME Ophelia Belle Davis

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 22nd, year 1945, hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife William Smith 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased December 11th 1893
(Month) (Day) (Year)

Immediate cause of death Chronic Convoluted Nephritis
General Anasarca

Due to _____

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>1</u>	<u>11</u>	hr. _____ min. _____

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House work (maid)

Duration _____

Underline the cause to which death should be charged statistically.

11. Industry or business as above

12. Name Edward Davis

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

14. Maiden name Octavia Lamb

15. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Dorothy Smith

(b) Address 3327 Lucas Ave.

17. (a) Burial (b) Date thereof 1-26-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Ave.

23. Signature [Signature] (M. D. or other) _____

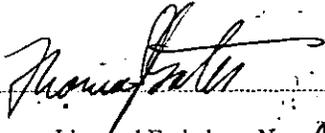
Address [Address] Date signed 1/29/45

19. (a) JAN 24 1945 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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 Ave......

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.