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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4128

FILED FEB 16 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1111

1. PLACE OF DEATH:

(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: 4016a Rear Papin St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 17 18
(If outside city or town limits, write "RURAL")

(d) Street No. 4016a Rear Papin St
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Dorothy Davidson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Feamale 3

5. Color or race Negro

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

6. (b) Name of husband or wife Clarence Davidson

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. (Month) 9 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	1	21	hr. min.

9. Birthplace Valley Park (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Reuben Galloway
13. Birthplace Manchester (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Hattie James
15. Birthplace Manchester (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Clarence Davidson
(b) Address 4016 Papin St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 6 (Day) '45 (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street

19. (a) FEB 5 1945 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1945 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from May 17, 1944 to Jan 30, 1945 that I last saw her alive on Jan 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Nephrit

Due to

Due to

Other conditions
(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?
(Specify type of place)

While at work? (e) Means of injury

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

Address 3 [illegible] Date signed 1/31/45

(Licensed Embalmer's Statement on Reverse Side)

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: Joel Russell

Licensed Embalmer No. 4112

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.