

FILED APR 3 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 2941

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 DAYS
(Specify whether
In this community unk
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Memorial (If rural, give location) 2877
(e) Citizen of foreign country? _____ (Yes or No) ?
If yes, name country _____

3. (a) PRINT FULL NAME

JANE DAVIS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced, widow ✓
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 5th, ?
(Month) (Day) (Year)

8. AGE: Years abt 59? Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation unknown

11. Industry or business _____

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

16. (a) Informant M. Renard
(b) Address St. Louis City Hospital - Max C. Starkloff

17. (a) Anatomical Board (b) Date thereof 3-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentworth

18. (a) Signature of funeral director Wentworth

(b) Address _____

19. (a) MAR 28 1946 (b) J. F. Puleck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th
year 1946 hour 11:35 minute P M.

21. I hereby certify that I attended the deceased from 3/5/46
_____ 19 _____ to 3/26/46 19 _____
that I last saw h. er alive on 3/26/46 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H/L

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____

(b) Starkloff _____

(c) Memorial 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 W. J. Down Jr. M.D. (M. D. or other) _____
Address 1515 Lafayette 3/28/46 Date signed _____

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

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.....

Licensed Embalmer No.....

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.