S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

25151

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1946

Registration District No. _____ Primary Registration District No. 1003

State File No. _____

Registrar's No. 6144

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: Park Lane Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9

(c) City or town Baden Station
(If outside city or town limits, write "RURAL")

(d) Street No. Box 490 R.R. #3. NR
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Eliza J. Davis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Augustus A. Davis

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

7. Birth date of deceased January 2, 1856 (Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Union County (City, town, or county) Ky. (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Ky (State or foreign country)

16. (a) Informant Guy S. Davis
(b) Address Box 490 RR#3 Baden Station

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/46 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 12 1946 (Date received by local registrar) J. F. Bridgeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10, year 1946 hour 4:00 P.M minute _____ 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.

Immediate cause of death Fracture of Femur
Extensive lacerations of the face
Stumbled and fell in the front yard of her home June 10 1946 about 4:00 P.M.

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Date of Death

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) Accident 000
(b) Date of occurrence June 10 1946
(c) Where did injury occur? NR (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yard of home
(Specify type of place)
While at work? (e) Means of injury Fall

23. Signature Ernest E. Dayler (M.D. or other)
Address _____ Date signed 7/12/46

(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 Gustav W Dietrich

Licensed Embalmer No. 4329

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.