

No. 2
M-5-43
5-17-39
I X38971

FILED AUG 20 1946
318

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 7040

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4344 Prairie Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 56 years
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. 4344 Prairie Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN H. DAVID
3. (b) If veteran, name war World War I
3. (c) Social Security No. 488-03-1540

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 10th
year 1946 hour 6 minute P M.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased January 26, 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/10/46 to 8/10/46
that I last saw him alive on 8-10-46
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage
Duration _____

8. AGE: Years Months Days If less than one day
56 6 14 hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
8/2

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business Mallinckrodt Chemical Co.
12. Name Henry David
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Schumacher
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna A. David
(b) Address 4344 Prairie Avenue
17. (a) Burial (b) Date thereof 8-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director _____
(b) Address 2117 Grand Blvd.
19. (a) AUG 13 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. _____)
Address 3919 W. Florsheim Date signed _____

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

MOTHER FATHER

SEP 18 1946

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 Frank W. Moore

Licensed Embalmer No. 3048

P. O. Address. 2117 E. Grand

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.