

No. 2
5-43
5-17-39
I X38671

FILED AUG 20 1946
318

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **2004**

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:
Firmen Desloge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Mo.**
(Specify whether years, months or days)

In this community **1 Mo.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **Macon**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Alberta Davis**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Joseph**

6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **July 31 1891**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	5	0	5 hr. _____ min.

9. Birthplace **Macon Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **William W. Moore**

13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Amanda Richard**

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

16. (a) Informant **Gale Wilson Son**

(b) Address **2348a Lemp Ave**

17. (a) **Removal** (b) Date thereof **Aug 6 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Macon Mo. Via Motor**

18. (a) Signature of funeral director **Peetz Funeral Home**

(b) Address **3029 Lafayette Ave**

19. (a) **AUG 12 1946** (b) **J. J. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **5th**
year **1946** hour **6:50** minute **A** M.

21. I hereby certify that I attended the deceased from **7-16-46**
19____, to **8-5** 1946;

that I last saw h. **or** alive on **8-5-46** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: **Uremia secondary to Carcinomatosis**
Due to **Carcinoma of the urinary bladder.**

Due to _____

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

Major findings: **Carcinoma of the bladder, metastases to pelvis, lymph glands, abdominal**

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? _____

While at work? _____
(Specify type of place) Means of injury _____

23. Signature **John W. Collins** (M. D. or other) _____
Address **1325 So Grand** Date signed **6 Aug**

61
3
NR 2

Duration
1 wk
6 mos plus

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Ernest W. Spillars*

Licensed Embalmer No. *14080*

P. O. Address. *3836 Botanic*

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.