

S. No. 2  
-12-45  
5-17-39  
P 1 X47070

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. **31269**  
Registrar's No. **2032**

Registration District No. **317**

Primary Registration District No. **3063**

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Clayton, Mo.

(c) Name of hospital or institution: St. Louis County Hosp.  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 8 hrs  
(If not in hospital or institution, write street number or location)

In this community 23 yrs.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 818 Bardella  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Davis, Fern

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race wh

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

6. (b) Name of husband or wife William Davis

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 2-4-90  
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 25  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business Homemaker

12. Name James Humphreys

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

14. Maiden name Cynthia Parker

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

16. (a) Informant William Davis

(b) Address 818 Bardella, Lemay, Mo.

17. (a) Burial (b) Date thereof Oct. 3, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Prairie, Mo.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) 10-2-46 (b) Arthur & Allen, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29<sup>th</sup>  
year 1946 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from Sept 29<sup>th</sup> 1946, to Sept 29<sup>th</sup> 1946, that I last saw her alive on Sept 29<sup>th</sup> 1946, and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to ruptured cerebral aneurysm

Due to 96

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Arthur & Allen, M.D. (M. D. or other) MD

Address 601 Brentwood Blvd, Clayton Designated \_\_\_\_\_

NOV 26 1952

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 Levin C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.