

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED NOV 12 1946
318

Registration District No. _____
Primary Registration District No. **1003**

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

338-1671

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:
St. Lukes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether _____)

In this community 30
years, months or days)

3. (a) PRINT FULL NAME LOUISE CARRINGTON DAVIS

3. (b) If veteran, name war _____

3. (c) Social Security No. NO

4. Sex fem /

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: May 17 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 5 5 hr. _____ min.

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

10. Usual occupation Teacher

11. Industry or business Baden School

MOTHER

12. Name James T Davis

13. Birthplace Pike Co. No. 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. McCormick

15. Birthplace Pike Co. Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Robert J. Davis

(b) Address Bowling Green Mo.

17. (a) Burial (b) Date thereof 10-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar

19. (a) OCT 23 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Or.

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5535 Delmar 4, 961 Laclade
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1946 hour 7 minute 35 A.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 Hemo Pneumo Throat
Infection right Psoas Fracture
rupt when the automobile in which
he was riding and driven by
Say Bergman collided with a
car driven by one
W. H. Thompson Jr. of the Chicago
Police Dept. on the road and highway
at Bowling Green, Mo. and Highway
10th around 1:30 P.M. Oct 20 1946

Major findings: Examination and opinion of the
accident could not be determined

Of autopsy _____

22. If death was due to natural causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Other Verdict

(b) Date of occurrence Oct 20 1946

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? _____ (Specify type of place)

Means of injury car

23. Signed John E. Taylor (M. D. or other) 3

Address Delmar Date signed 10/24/46

OCT 6 1947

OCT 6 1947

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 *Geo. E. McCulloch*
Licensed Embalmer No. *2460*
P. O. Address *6175 Delmar*

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.