

FILED NOV 12 1946

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town St. Louis

(c) Name of hospital or institution 4547 Lexington
(If outside city or town limits, write "RURAL" and name of township)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County St. Louis

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

(d) Street No. 4547 Lexington
(If rural, give location)

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

3. (a) PRINT FULL NAME Otto Davis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Maro 5. Maro

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

6. (c) Age of husband or wife if alive 41.7 year

7. Birth date of deceased _____
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct day 13 year 1946 hour _____ minute 55 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 62 Months _____ Days _____ If less than one day _____ hr. _____ min.

Duration _____

Chronic Interstitial Nephritis

Due to Chronic Myocarditis

Due to M. M. A.

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

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

10. Usual occupation bank

11. Industry or business bank

12. Name bank

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

14. Maiden name _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy 1/21/46

16. (a) Informant 790 E. Cablanay

(b) Address 1300 East

17. (a) BURIAL (b) Date thereof 11-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director G. H. Hoppe

(b) Address 4700 Washington

19. (a) NOV 1 1946 (Date received local registrar)

J. H. Braddock (Registrar's signature)

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? _____

23. Signature J. H. Braddock (Specify type of physician) _____
While at work? _____ (or) Means of injury _____
Address _____ Date signed 11/1/46

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

NOV 1948

NOV 1948

No Embalment

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. 9344

1. PLACE OF DEATH:

(a) County St Louis, Mo
 (b) City or town St Louis, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 4547 R. Lexington
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Otha Laves
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: abt-62 Years Months Days If less than one day _____ in _____ min.

9. Birthplace: (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: (Month) (Day) (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Anatomical Board 11-1-46

(b) Address _____

19. (a) 11-1-1946 (b) J. F. Beardsley
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL" and location)
 (d) Street No. 4547 R. Lexington
 (If rural, give location)
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 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
 year 1946 hour _____ minute _____ M.

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 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____ Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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(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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

DEC 17 1946

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

35033