

FILED MAR 3 1947

1003

Registrar's No. 1830

Registration District No. 318

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

(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:
3936 Nebraska Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2417

(d) Street No. 3936 Nebraska Ave.
(If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Zachary T. Davisson

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st
year 1947 hour 2:00 minute _____ P. M.

4. Sex Male () 5. Color or race White

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

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan. 5 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Febr. 10,
1947 to Febr. 21, 1947
that I last saw him alive on Febr. 21, 1947
and that death occurred on the date and hour stated above.

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

| | | | |
|----|---|----|----------------------|
| 71 | 1 | 16 | hr. _____ min. _____ |
|----|---|----|----------------------|

Immediate cause of death Chronic Myocarditis

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

Due to Chronic Interstitial Nephritis

10. Usual occupation Watchman

Other conditions 1/31/47
(Include pregnancy within 3 months of death)

11. Industry or business Racquet Club

Major findings: Of operations _____

12. Name Zachary T. Davisson

Of autopsy _____

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

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

14. Maiden name Elizabeth Larimore

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

16. (a) Informant Ida Davisson

(b) Address 3936 Nebraska Ave.

17. (a) Burial (b) Date thereof 2 24 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co

(b) Address 4228 So. Kingshighway Bl.

19. (a) FFB 23 1947 (b) J. F. Bredeck
(Date received local registrar) (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? _____

While at work _____ (Specify type of place)

23. Signature B. W. Klippel M.D. (M. D. or other)

Address 2102 South Grand Date signed 2/22/47

1102 to Burial 2-3

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.