. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
Bureau of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32870

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8521

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Clayton 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route #1, 0
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No) /

If yes, name country

3. (a) PRINT FULL NAME Lucy J. Oliver

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles M. Oliver

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

7. Birth date of deceased July (Month) 31 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
85	1	~~6~~ 7	hr. min.

9. Birthplace Bunker Hill (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Edward Hall Davis
13. Birthplace Concord (City, town, or county) New Hampshire (State or foreign country)

MOTHER
14. Maiden name Jane Cavenger
15. Birthplace Irving (City, town, or county) New Hampshire (State or foreign country)

16. (a) Informant Lucy Plumpe
(b) Address Clayton, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bunker Hill, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 8 1947 (Date received local registrar) (b) J. F. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1947 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 15, 1947 to Sept 7, 1947 that I last saw h. alive on Sept. 7, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes - chronic	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cancer of Rectum	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature D. R. Parman (M. D. or other)

Address 3903 Olive Date signed 9/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Spillar

Licensed Embalmer No.....14080

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.