

S. No. 2
M-5-43
5-17-39
I X36571

State File No. _____

FILED DEC 22 1947 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 11290

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:
4359 W. Labadie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 080
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4359 W. Labadie (Zone 15) 7
10 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hazeldell Saunders Davis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herbert Davis 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased June 19 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 5 16 hr. min.

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

10. Usual occupation School Teacher

11. Industry or business St. Louis, Board of Education

MOTHER FATHER
12. Name Jake Saunders
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Alice Crump
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Davis (Husband)

(b) Address 4359 W. Labadie Avenue

17. (a) Burial (b) Date thereof 12-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

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

(b) Address 3100 Franklin Avenue (6)

19. (a) DEC 10 1947 J. Z. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 6th
year 1947 hour 4 minute _____ P: M.

21. I hereby certify that I attended the deceased from April 1st, 1947, to Dec 6, 1947
that I last saw her alive on Dec 6, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Cerebral Apoplexy about 192
Hypertension

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy none

Duration
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 _____

Signature J. Z. Brebeck (M. D. or other) _____
Address 4359 W. Labadie Ave Date signed 12/4/47

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

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

John H. Petrus

Licensed Embalmer No. *4184*

P. O. Address

H. Lewis, SMO.

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.