

U.S. No. 300  
FORM-10-47  
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I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED APR 7 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10090**  
Registrar's No. **2966**

Registration District No. **318**

Primary Registration District No. **1003**

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

**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: Peoples Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 Days  
(Specify whether years, months or days)

**3: (a) PRINT FULL NAME** Nancy Davis

3. (b) If veteran, name war no

3. (c) Social Security No. no card

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Feb. 25, 1896  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>52</u>	<u>I</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

**MOTHER** {

12. Name Hiran Davis

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

14. Maiden name Unknown

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

16. (a) Informant Geneva Brown

(b) Address 3111 Marnice Place

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Mar. 27, 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Tunica, Mississippi.

18. (a) Signature of funeral director Wright's Funeral Home.

(b) Address 3100 Easton Ave.

19. (a) MAR 26 1948  
(Date received from funeral director)

(b) J. F. Broussard  
(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")

(d) Street No. 3111 Marnice Place.  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 26  
year 1948, hour 6 minute 2 AM.

21. I hereby certify that I attended the deceased from Mar 7, 1948, to Mar 26, 1948  
that I last saw her alive on 3-25-48, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Hypertension  
Diabetes Mellitus

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(c) Means of injury la

23. Signature M. J. [Signature] (M. D. on other)

Address 111 Jefferson Bl. [Signature] Date signed 3-26-48

Duration 48 hrs  
schocum  
urinary

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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**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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

**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.**