

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED SEP 20 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**  
1003

State File No. **30943**  
Registrar's No. **7812**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

**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 at City Hosp. #1  
--5452 Oregon 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 Missouri (b) County 097  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 24 3452 Oregon Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3: (a) PRINT FULL NAME** Marie R. Davis  
3. (b) If veteran, name war --- 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Sept. day 4  
year 1948 hour 12 minute 30 A.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Gerald 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased Sept. 6 1925  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

**8. AGE:**  
Years 22 Months 11 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Internal hemorrhage following stab wounds of heart inflicted with hunting knife in the hands of one Gerald Clay Davis, in the areaway and rear yard of her home 3452 Oregon Av., around 12:29 A.M. September 4, 1948.  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

10. Usual occupation Packer

11. Industry or business Sunshine Biscuit Co.

12. Name Elmer Hartzell

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

14. Maiden name Viola Taylor

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

16. (a) Informant Viola Naylor  
(b) Address 3452 Oregon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/48  
(Month) (Day) (Year)  
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Wacker-Helders  
(b) Address 3634 Gravois Ave.

19. (a) SEP 6 1948 (b) J. J. Braddock  
(Date received local registrar) (Registrar's signature)

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) Homicide  
(b) Date of occurrence 9-4-1948

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
home

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury see above

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 9/6/48

(Licensed Embalmer's Statement on Reverse Side)

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

1263/1

---

---

**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 Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address Howe Mo

**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.**