N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

JUN 29 1937

File No. 21412

Registered No. 118

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170
Township Jefferson — Primary Registration District No. 6248-H.
City Richmond Heights (No. Saint Mary's Hospital St. Ward)

2. FULL NAME Louise A. Fanning - St. Mary's Hospital

(a) Residence, No. 6927 Garner St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF James A. Fanning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10th, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	74	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME James Moon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Catherine Calvert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Wm. B. Webb
(ADDRESS) 6927 Garner

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE May 15, 1937

19. UNDERTAKER Thomas J. Finan
(ADDRESS) 1519 S. Grand Blvd.

20. FILED May 14, 1937. Sam A. Bassett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1937, to May 14, 1937
I last saw her alive on May 14, 1937. Death is said to have occurred on the date stated above, at ...p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Grand Carcinomatosis	
Due to Carcinoma of Gall Bladder	Abt 3 mos.

Other contributory causes of importance: Not known

Name of operation None Date of
What test confirmed diagnosis? Clinical (X-ray) Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19..
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible]