

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4508

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Fannie Busby Allison 1155

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (e) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William H. Allison 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased April 11, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 8 hr. min.

9. Birthplace Not known Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name James Brown
13. Birthplace Not known Tenn.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elecy Pippin
15. Birthplace Not known Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mabel Eidman
(b) Address 107 Ferry St.

17. (a) Burial (b) Date thereof 5/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Mato Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAY 21 1940 (b) J. F. Budech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 107 Ferry St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1940 hour 5:15 PM minute _____ M.

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.

Immediate cause of death _____

Lobar Pneumonia
Due to _____

Due to _____

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

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) Means of injury 5

23. Signature Alfred Perry (M.D. or equivalent)

Address Republic Tower Date signed 5.21.40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, 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, above space should be left blank.