No. 2
13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41110

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 10881

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Abt. 8 wks. (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4316 Cote Brilliante 11
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lillian Fortinberry
3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Fortinberry
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased October (Month) 22nd (Day) 1876 (Year)
8. AGE: Years 64 Months 2 Days 7 If less than one day hr. min.
9. Birthplace Saint Louis (City, town, or county) Missouri (State or foreign country) 11
10. Usual occupation Housewife 0
11. Industry or business 0
FATHER 12. Name Unavailable-Robinson
FATHER 13. Birthplace Saint Louis (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name
MOTHER 15. Birthplace Saint Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Edward Fortinberry
(b) Address 4316 Cote Brilliante
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Chas J. Gates
(b) Address 4107 Finney Avenue
19. (a) DEC 31 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29 year 1940 hour 4 minute a.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 Oedema of the brain with Chronic Pyelonephritis; Contrib.: Fracture of head and left femur when she slipped and fell on the sidewalk on the corner of North Market and North Newstead Ave. about 1.00 P.M., November 14, 1940 — Duration
Due to
Due to Accident.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — 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) Accident
(b) Date of occurrence 11/14/1940
(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? public place (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred Berry (M. D. or other)
Address Deputy Coroner Date signed 12/30/40

(Licensed Embalmer's Statement on Reverse Side)

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

James A. Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.