

LED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

5228

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1476

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:
2919th Howard St
 (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 000
 (c) City or town St. Louis 1720
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2919th Howard St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME FANNIE HALL BOYKINS3. (b) If veteran, L name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race col6. (a) Single, widowed, married, divorced 2412046. (b) Name of husband or wife Fan Hall 6. (c) Age of husband or wife if alive 6 years7. Birth date of deceased (Month) July (Day) 1 (Year) 18818. AGE: Years 59 Months 7 Days 6 If less than one day hr. _____ min. _____9. Birthplace Baldwin, Miss. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Domestic12. Name Richard Robinson13. Birthplace unknown, Miss. (City, town, or county) (State or foreign country)14. Maiden name Robinson15. Birthplace unknown, Ala. (City, town, or county) (State or foreign country)16. (a) Informant Lula Henderson(b) Address 2919 Howard St17. (a) Burial (b) Date thereof 2 14 41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wichita, Kan.18. (a) Signature of funeral director A. F. Walton(b) Address 2907 Standard St19. (a) FEB 14 1941 (b) J. W. Brebeck
(Date received local registrar) (Registrar's signature)20. DATE OF DEATH: Month 2 day 7
year 41 hour 5 minute 48 A.M.21. I hereby certify that I attended the deceased from 2/3
1941, to 2/7 1941
that I last saw her alive on 2/6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to 1 ApoplexyDue to 1 Hypertension

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)

(e) Means of injury 123. Signature E. C. Hays (M. D. or other) 10Address 11 N. Jefferson Date signed 2/12/41

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.....

William C. McDowell

Registered Apprentice No.....

working under my personal supervision.

Signed.....

William C. McDowell

Licensed Embalmer No.....

P. O. Address.....

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.

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(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Fannie Hall Rogers
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race Col 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Tom Hall 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 59 Months 7 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) _____
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 7-14-41 (b) J. H. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH Month 2 day 7
year 1941 hour _____ 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 _____ Duration _____

Due to _____

Due to _____

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) _____

(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) _____ (e) Means of injury _____

23. Signature E. J. Gregg (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTAL

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

