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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 897

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 260

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks. (Specify whether years, months or days)

In this community 40 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 3106 A School St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fannie Steward.

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 Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) - 10 (Day) - 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
55	10	28	hr. min.

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

10. Usual occupation Dress MAKER

11. Industry or business Home

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Sellie UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) Miss. (State or foreign country)

16. (a) Informant alfred Wyatt
(b) Address 3156a EASTON

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Peoples. Und. Co.
(b) Address 3100 FRANKLIN Ave.

19. (a) JAN 10 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 7th year 1942 hour 5 minute 00 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 Pulmonary Thrombosis
Fracture left leg which the
upper stitch of an automobile
Driven by one Bonnie
Johnston (col) at School
Street and Compton Ave
Due to About 10:30 PM. Dec 15 1941

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 170c

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 Dec 15 1941
(c) Where did injury occur? St Louis (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? No (e) Means of injury Auto

23. Signature Alfred Sperry (M. D. or other)
Address Date signed 1/26/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jatie G Pettus

Licensed Embalmer No. 4184

P. O. Address 718 No. Compton

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.