

S. No. 2
M. 2-43
5-17-36
1 x 25

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33443

State File No. _____

NOV 10 1943 318
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9489

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:
816th Biddle St. 1
(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)

3. (a) PRINT FULL NAME Fannie Price

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Black 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 abt 1888
(Month) (Day) (Year)

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

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

10. Usual occupation housework

11. Industry or business _____

MOTHER FATHER { 12. Name not known
13. Birthplace not known 9
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant James P. Harrison

(b) Address 1306 Clark

17. (a) Anatomical not known (b) Date thereof 10-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. J. [unclear]

(b) Address 3500 [unclear]

19. (a) OCT 28 1943 J. F. [unclear]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 816th Biddle St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1943 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death labor pneumonia, duration of right femur, when she was struck by a motorcycle being driven by one Ray Clanton at the intersection of 12th and Biddle St. about 11:00 AM.
Aug 3 1943

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

Major findings: Of operations 1/10
Of autopsy 21

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 Aug 3 1943
(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

While at work? _____ (Specify type of place) _____ Means of injury Motorcycle

23. Signature Alfred Perry (M.D. or other) _____
Address Alfred Perry Date signed 12/5/43

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

6876

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.....

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.