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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1181

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 201

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL") 21

(d) Street No. 1913 Division
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Fannie Young

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race 3 cal.

6. (a) Single, widowed, married, divorced 21.2

6. (b) Name of husband or wife Dead.

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

7. Birth date of deceased May (Month) 11 (Day) 1893 (Year)

8. AGE: Years 50 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Gainville ala (City, town, or county) 1 (State or foreign country)

10. Usual occupation Maid

11. Industry or business

FATHER
12. Name Fred Anderson
13. Birthplace ala (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Fannie Jones [redacted]
15. Birthplace ala (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mr Edward Taylor
(b) Address 3108 Maurice Pl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Herman J Smith
(b) Address 4247 W Lakeside Ave

19. (a) JAN 8 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5, year 1944 hour 8 minute 35 A.M.

21. I hereby certify that I attended the deceased from December 27, 1943 to January 5, 1944; that I last saw her alive on January 5, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia
Cerebral Hemorrhage
Due to Hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
Terminal
Recent
Unk.

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

23. Signature S. E. Smith (M. D. ~~or other~~) 0
Address 1601 Whittier Date signed 1/6/44

(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.....

William C. McDowell, Registered Apprentice No.....

working under my personal supervision.

Signed William C. McDowell.

Licensed Embalmer No. 2114.

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.