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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 1400

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3100 Walter Ave/
(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 St. Louis 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL") 3

(d) Street No. 3100 Walter Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Fannie Annis Nance

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Laurens

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 17, 1890 (Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Maplewood (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm Harry Watson
13. Birthplace Unknown (City, town, or county) Ind. 1 (State or foreign country)

MOTHER
14. Maiden name Fannie Sophia Page
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Laurens Nance
(b) Address 3100 Walter Ave. Maplewood, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 29, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester, Maplewood, Mo.

19. (a) JUN 29 1944 (Date received local registrar) (b) E. G. McGavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th year 1944 hour 2:10 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Dec 31 4, 1937, to June 26, 1944 that I last saw her alive on June 25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Systolic lesion	7 yrs
Due to	
Due to	
Other conditions Anaemia (Include pregnancy within 3 months of death)	

Major findings:
Of operations 95 C
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? (Specify type of place)
While at work? — (e) Means of injury

23. Signature P M Brossard (M. D. or other) MD
Address 3500 Cambridge Maplewood Date signed 6/27/44

(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 3454

, Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 1456 Manchester

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.