

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36400

State File No. _____

FILED DEC 9 1944 318

Primary Registration District No. 1003

Registrar's No. 10305

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:
1522 Inge Place
(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 020
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1522 Inge St. 125
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Fannie Sexton

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex 3 Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Nov. 11, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 0 21 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Louis Brown

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Morman

(b) Address 1522 Inge Place

17. (a) ~~Burial Report~~ (b) Date thereof 12/5/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bollinger, Mo

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 E. Finney

19. (a) DEC 4 1944 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1944 hour 1: minute 30 A.M.

21. I hereby certify that I attended the deceased from 11
28 - 1944 to 12-2- 1944
that I last saw her alive on 11-29- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cardio-renal Disease

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 J. F. Bredbeck (M. D. or other) _____

Address 3200 Union Ave Date signed 12/1/44

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

MOTHER FATHER

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.....
Chester E. Marshall

Licensed Embalmer No. *4381*

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.