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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 20 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31438**
Registrar's No. **7853**

Primary Registration District No. **1005**

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

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: 4156 Humphrey /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Fannie Sinders

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 20 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>2</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Lowey

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

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant E Thornhill

(b) Address 4156 Humphrey

17. (a) Burial (b) Date thereof 9/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7022 Gravois Ave.

19. (a) SEP 7 1948 (b) J. F. Brucher
(Date of medical report) (Registrar's signature)

***2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County oak

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

(d) Street No. 4156 Humphrey
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1
year 1948 hour 10 minute 30 p.m.

21. I hereby certify that I attended the deceased from Sept 1 to Sept 1 1948
that I last saw her alive on Sept 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation Duration 2 years

Due to Arteriosclerotic & Cardiac Asthma 18 years

Due to Probable Suppurative Inactivity 18 yrs

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 Walter P. Eidson (M. D. or other MD)
Address 3146 Morganford Date signed 9-3-48

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 Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St. Louis, Mo.

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.