

FILED SEP 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. **31572**
7658
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST Louis | | c. CITY (If outside corporate limits, write RURAL and give township) ST Louis | |
| c. LENGTH OF STAY (in this place) 2 wks | | d. STREET ADDRESS (If rural, give location) 3928 W Belle | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hosp | | | |

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|---|--|------------------------------------|--|--|--|--|--|--|--|----------------------------|--|---|--|-----------------------------|--|
| 3. NAME OF DECEASED a. (First) Annie (Type or Print) | | b. (Middle) | | c. (Last) Cayce | | 4. DATE OF DEATH (Month) (Day) (Year) 9-8-50 | | | | | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE Colored | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2 | | 8. DATE OF BIRTH 3-17-1868 | | 9. AGE (In years last birthday) / 82 | | 10. F UNDER 1 YEAR Days | | 11. F UNDER 1 HR. Hours | | 12. F UNDER 1 MIN. Mins. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | | | 10b. KIND OF BUSINESS OR INDUSTRY HT Home | | | | 11. BIRTHPLACE (State or foreign country) Manthit Mo | | | | 12. CITIZEN OF WHAT COUNTRY? US | | | |

| | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--------------------------------|--|--|--|
| 13a. FATHER'S NAME Amos Swink | | 13b. MOTHER'S MAIDEN NAME Bernice | | 14. NAME OF HUSBAND OR WIFE James Cayce 3928 W Belle | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME James Cayce | | | | ADDRESS 3928 W Belle | | | |

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|--|--|--|--|--|--|--|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lk of pelvis, Arterio sclerosis when she fell in Mr. house at Farmington ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mo on Aug 26, 1950 DUE TO (c) about 600 p.m. | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Accident | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

| | | | | | |
|---|--|---|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Farmington Mo | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Aug 26 50 600 p.m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? E 9030 | |

22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at **5:50 P.M.**, from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|--|--|
| 23a. SIGNATURE Joseph M. Quinn | | 23b. ADDRESS 300 Clark | | 23c. DATE SIGNED 9/11/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Remove | | 24b. DATE 9-10-50 | | 24c. NAME OF CEMETERY OR CREMATORY Farmington Mo | |
| 24d. LOCATION (City, town, or county) (State) Farmington Mo | | 24e. DATE REC'D BY LOCAL REG. SEP 11 1950 | | 24f. REGISTRAR'S SIGNATURE [Signature] | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. | | ADDRESS Manchester Ave. | | CITY St Louis 10, Mo. | |

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

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

J. Allen Davis Jr

..... Licensed Embalmer No. 4053

..... P. O. Address St Louis 10 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.