

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2827**
Registrar's No. **367**

FILED JAN 26 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 367	
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. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		d. STREET ADDRESS (If rural, give location) 1303 Harrison	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				3. NAME OF DECEASED a. (First) Fannie b. (Middle) Morris c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) Jan. 10 1951		5. SEX Female		6. COLOR OR RACE Cal		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH July 25 - 1866		9. AGE (in years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Savanna Geo.				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME John Boom		13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE _____			
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 ADDRESS Sheralden Shivers 1156 St. Enclad			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH Undet.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X			
22. I hereby certify that I attended the deceased from 12-24 , 19 50 , to 1-10 , 19 51 , that I last saw the deceased alive on 1-10 , 19 51 , and that death occurred at 9:20p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. Lewis Harris M. D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 1-11-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-15-51		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St Louis County MO	
DATE REC'D. BY LOCAL HEALTH DEPT. JAN 13 1951		REGISTRAR'S SIGNATURE J. B. Asater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. D. Richardson 2625 Plaza			

(Licensed Embalmer's Statement on Reverse Side)

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

1291

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 AD Richardson

Signed.....
Student Embalmer

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.