

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6346**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1409**

FILED MAR 5 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 10 3908 Vine Grove	
3. NAME OF DECEASED (Type or Print) a. (First) Fannie b. (Middle) Douglas c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 10 1952
5. SEX Female 3	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 1867
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Miss
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Pat Farley	
13b. MOTHER'S MAIDEN NAME Hanna		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 William Douglas		ADDRESS 3008 Vine Grove	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-Nephrosclerosis ANTECEDENT CAUSES DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of Liver	
INTERVAL BETWEEN ONSET AND DEATH 1 year.		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., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? HH6X		22. I hereby certify that I attended the deceased from 2-7 1952 , to 2-10 1952 , that I last saw the deceased alive on 2-10 1952 , and that death occurred at 6:45 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE James W. Hakkis M. D.		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 2-11-52		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 2-15-52		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St Louis County Mo		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith	
DATE REC'D BY LOCAL REG. FEB 14 1952		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S ADDRESS 2769 Chouteau		26. (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.....

Y

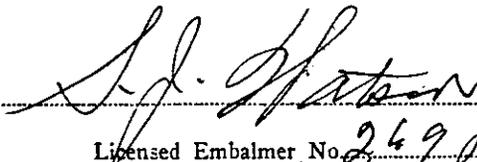
Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 2698

P. O. Address 2769 Houston

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.