

STANDARD CERTIFICATE OF DEATH

18305

State File No.

BIRTH NO. **6** 1952REG. DIST. NO. **318**PRIME REG. DIST. NO. **1003**Registrar's No. **4748**

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) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips				d. STREET ADDRESS (If rural, give location) 11 1711 N. Taylor St.			
3. NAME OF DECEASED (Type or Print) Fannie		a. (First)		b. (Middle) Mauberry		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 5-19-52		5. SEX Female		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 9-14-1888		9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		11. BIRTHPLACE (State or foreign country) Ripley Tenn.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Austin Clay		13b. MOTHER'S MAIDEN NAME Eliza Campbell		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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Tillie Mitchell		ADDRESS - 3231 Lawton	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES - Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X			
22. I hereby certify that I attended the deceased from Aug 1 , 19 52 , to May 19 , 19 52 , that I last saw the deceased alive on May 19 , 19 52 , and that death occurred at 5P m., from the causes and on the date stated above.							
23a. SIGNATURE Walter A. Young M.D.				23b. ADDRESS 5337 Market		23c. DATE SIGNED 5-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-27-52		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. MAY 22 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Manuel Und. Co. 4059 Finney			

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

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed

H. Claude Gordon

Signed.....

Student Embalmer

Licensed Embalmer No.

3489

P. O. Address

4575 Aldi

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.