

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21897**  
Registrar's No. **5218**

FILED JUN 27 1952

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 <i>MO</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i> 2217	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>929 Leonard</i>		d. STREET ADDRESS (If rural, give location) <i>21 929 Leonard ave</i>	

3. NAME OF DECEASED (Type or Print) <i>FANNIE DAVIS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 6 - 52</i>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <i>female</i>	6. COLOR OR RACE <i>col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Feb 5 - 1894</i>	9. AGE (In years last birthday) <i>60</i>	IF UNDER 1 YEAR	IF UNDER 18 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nil</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Miss</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>John Mosby</i>	13b. MOTHER'S MAIDEN NAME <i>Matilda Mosby</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Albert Davis</i>	ADDRESS <i>929 Leonard</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Old Cerebral Hemorrhage</i>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	DUE TO (b) <i>Hypertension</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>331X</i>
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22. I hereby certify that I attended the deceased from *1951*, to *1952*, that I last saw the deceased alive on *June 5*, 1952, and that death occurred at *7:05 PM*, from the causes and on the date stated above.

23a. SIGNATURE <i>R. B. Brink, M.D.</i> (Degree or title)	23b. ADDRESS <i>2746 Franklin</i>	23c. DATE SIGNED <i>6-6-52</i>
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24a. BURIAL, CREMATION, REMOVAL: (Specify)	24b. DATE <i>June 7</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Cook Dale</i>	24d. LOCATION (City, town, or county) (State) <i>Lemay MO</i>
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DATE REC'D BY LOCAL REG. <i>JUN 7 1952</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Storton</i>	ADDRESS <i>2769 Chouteau</i>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*S J Hatoon*

Licensed Embalmer No. *2169 A*

P. O. Address *2769 Chouteau*

**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.