

No. 300
10-48

FILED OCT 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33795

State File No.

BIRTH NO. 73858 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 500 Registrar's No. 2505

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Robertson</u>	
c. LENGTH OF STAY (In this place) <u>60 min</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 2, Box 612</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>			

3. NAME OF DECEASED a. (First) <u>ARTHUR</u> b. (Middle) <u>FANN</u> c. (Last) <u>FANN</u>			4. DATE OF DEATH (Month) <u>9</u> (Day) <u>29</u> (Year) <u>1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>9 29 1952</u>	9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>1</u> Min. <u>30</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Joseph Fann</u>		13b. MOTHER'S MAIDEN NAME <u>Jennings</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
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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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph A. Fann</u>		ADDRESS	
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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) <u>Respiratory Paralysis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1:15 A.M.</u> <u>12:35 A.M.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Immaturity</u> DUE TO (c) <u>Prematurity</u>			
	II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>none</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NORMANDY ST. LOUIS MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>9 29 52 12:35</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>BIRTH</u>
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22. I hereby certify that I attended the deceased from 9-29-1952, to 9-29-1952, that I last saw the deceased alive on 9-29-1952, and that death occurred at 1:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. H. Kohler, D.O.</u> (Degree or title)	23b. ADDRESS <u>Normandy Osteopathic Hosp</u>	23c. DATE SIGNED <u>9-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9/29/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Suzards Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>
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DATE REC'D BY LOCAL REG. <u>9-29-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donhe MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. C. Dieckrich</u> ADDRESS <u>8319 Halls Ferry</u>
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Not Embalmed

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 *D. A. Dieblich* _____

Licensed Embalmer No. _____

P. O. Address _____

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.