

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35478**

FILED OCT 16 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8840**

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) OR TOWN Peoples Hosp		c. CITY OR TOWN St Louis	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis		STREET ADDRESS (If rural, give location) 920 2615 Glasgow	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) GOYCE	b. (Middle)	c. (Last) FANTROY	(Month) SEPT.	(Day) 23	(Year) 1956

5. SEX Female	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-15-1893	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Dundee Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A		

13a. FATHER'S NAME Riley Fantroy	13b. MOTHER'S MAIDEN NAME Lucy Kelly	14. NAME OF HUSBAND OR WIFE Arthur Fantroy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Arthur Fantroy	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA			2 days
ANTECEDENT CAUSES	DUE TO (b) Nephritis, chronic		years
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Hypertensive Cardio vascular disease		yes
	Diabetes Mellitus		"
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. 260X		
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 19, 1954**, to **Sept. 23, 1956**, that I last saw the deceased alive on **Sept 22, 1956**, and that death occurred at **6:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Sedman	(Degree or title) md	23b. ADDRESS 2400 2nd Ave. S.W.	23c. DATE SIGNED 9-24-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 9-27-56	24c. NAME OF CEMETERY OR CREMATORY Father Dickson	24d. LOCATION (City, town, or county) (State) St Louis Mo.
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DATE REC'D BY LOCAL REG. SEP 25 1956	REGISTRAR'S SIGNATURE J. Carl Smith md	25. FUNERAL DIRECTOR'S SIGNATURE A. P. Richardson	ADDRESS 2625 Glasgow
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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.....
Signature of Student Embalmer

Signed *W.P. Richardson*
Licensed Embalmer No. *292*

P. O. Address *City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.