

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42786**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11283**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Mo.** b. COUNTY _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (in this place) **1 yr. 1 mo.**
c. CITY OR TOWN **St. Louis**
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hosp.** STREET ADDRESS (If rural, give location) **2711 1/2 3106 Lawton**

3. NAME OF DECEASED (Type or Print) a. (First) **Fannie** b. (Middle) **McDonald** c. (Last) **Williams** 4. DATE OF DEATH (Month) (Day) (Year) **11-20-1957**

5. SEX **female** 6. COLOR OR RACE **col.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Sep.** 8. DATE OF BIRTH **Unk.** 9. AGE (in years last birthday) **About 63** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Texas** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Sam Wilson** 13b. MOTHER'S MAIDEN NAME **Carrie ?** 14. NAME OF HUSBAND OR WIFE **Robert**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **Unk.** 17. INFORMANT'S SIGNATURE OR NAME **Eliza Elaforde** ADDRESS **2928 Lawton**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Congestive Heart Failure** INTERVAL BETWEEN ONSET AND DEATH **1 yr.**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertensive Cardiovasc. Disease** **13 mo.**

DUE TO (c) **Arteriosclerotic Heart Disease** **13 mo.**

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 NO

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) **4200**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **10-10-56**, 19____, to **11-20-57**, 19____, that I last saw the deceased alive on **11-20-57**, 19____, and that death occurred at **5:10a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John W. Beckham, M.D.** 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **11/20/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **11/26/57** 24c. NAME OF CEMETERY OR CREMATORY **St. Peters Cemetary** 24d. LOCATION (City, town, or county) (State) **St. Louis, Co., Mo.**

DATE REC'D BY LOCAL REG. **NOV 25 57** REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Wm. Smith** ADDRESS **4019 Washington Blvd.**

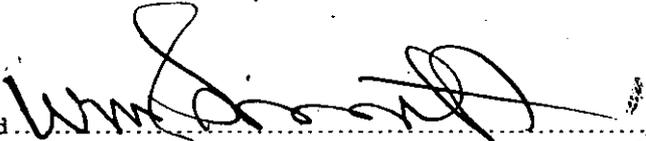
(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4371

P. O. Address St Paul

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.