MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 2726

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. F 296

City St Louis Mo (No. St. Anns Home St. ..... Ward)

2. FULL NAME Fanny Barbara Throckmorton

(a) Residence. No. 5301 Page Blvd St., 6 Ward. (If nonresident give city or town and State)
(Usual place of abode) St. Anns.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	American	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9th 1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	1	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home maker
(b) General nature of industry, business, or establishment in which employed (or employer) Teacher of Music Invalid for 28 years
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Capt Joseph Throckmorton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Spottswood
(STATE OR COUNTRY) Monmouth Co. New Jersey 1800

12. MAIDEN NAME OF MOTHER Mary Jane Gorman Bedford Pa 1818

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bedford Pa
(STATE OR COUNTRY) 1818

14. INFORMANT Mrs Philip von Phul
(Address) 5863 Plymouth Ave

15. FILED ..... 1928 19..... Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1926 ....., 1926 to Jan 8 ....., 19..... that I last saw h..... alive on Dec 7, 1927, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
936 [illegible]
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis Chronic
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urine & Physical Ex

(Signed) W. P. Elmer, M. D

119, 1927 (Address) 658 University Club Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary	Jan 10 1928

20. UNDERTAKER	ADDRESS
Wagoner U. Co	3621 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.