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

Do not use this space.

19362

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Mo. Baptist San ..... St. ..... Ward)

File No. .....

Registered No. 5802

2. FULL NAME Fannie V. Fine

(a) Residence. No. 4611 Newberry St., 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 11, 1880

7. AGE: Years 47 | Months 10 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): Paris
(STATE OR COUNTRY): France

PARENTS

10. NAME OF FATHER: Louis Meyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Russia
12. MAIDEN NAME OF MOTHER: Anna Gertrude Slavofsky
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Russia

14. INFORMANT: Harry Fine
(Address): 217 Interdrive

15. FILED MAY 29 1928 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 28 1928

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1928, to May 28, 1928 that I last saw her alive on May 28/28, 19..., and that death occurred, on the date stated above, at 5:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Grippe)
Broncho
111
1071 (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): La Grippe
(duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 4611 Newberry Ter.
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? usual.
(Signed) H. H. Loewenstein, M. D.
5/29 1928 (Address) 3903 Olive

*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: Bnai Amoona
DATE OF BURIAL: 5/29 1928

20. UNDERTAKER: H B Berger
ADDRESS: 4715 McPherson

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.