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.

AUG 9 1935

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

Do not use this space

24355

File No.

Registered No. 5719

1. PLACE OF DEATH

County

Township

City St Louis (No. 412 Munroe Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Fanny R. Stegall

(a) Residence, No. 412 N Union St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 - 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
81	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTY) Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Mrs Clara L. Caper (ADDRESS) 412 Munroe

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE July 3rd 1935

19. UNDERTAKER Wagner Funeral Co (ADDRESS) 3621 Olive St.

20. FILED JUL 3 1935 J. A. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to July 2, 1935

I last saw her alive on July 1, 1935. Death is said to have occurred on the date stated above, at 8:30 a.m. July 2, 1935

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	
Myocardiac failure	

930

Other contributory causes of importance:

Arteriosclerosis	
Senility	

Name of operation none Date of —

What test confirmed diagnosis? Clinical exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles A. Dudden (DUDDEN), M. D.

(Address) 3720 Washington Av.