

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 11 1936

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

Do not use this space.

12490

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1003**  
City St. Louis (No. 2603 Glasgow)

File No. \_\_\_\_\_  
Registered No. **2513**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Fannie Rivers

(a) Residence, No. 2603 Glasgow St., 10 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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ike Rivers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>mar. 1 - 1866</u>		
7. AGE YEARS <u>70</u>	MONTHS —	DAYS <u>3</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1936, to March 4, 1936  
I last saw h. alive on March 2, 1936. Death is said to have occurred on the date stated above, at 12:15 p.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis

Other contributory causes of importance:  
93

Date of onset 3.11.36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

FATHER

13. NAME unknown

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

MOTHER

15. MAIDEN NAME Susie McKimney

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

17. INFORMANT (ADDRESS) Arthur Jarmom 2603 Glasgow

18. BURIAL, CREMATION, OR REMOVAL PLACE Brentwood DATE 3-7-1936

19. UNDERTAKER (ADDRESS) W. J. Wade and Co. 4202 Finney Ave.

20. FILED MAR 6 1936 J. F. Bedeck Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ 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) M. A. Mueller, M. D.  
(Address) 1325 Franklin Ave

