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.

13173

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. St Mary's Infirmary St. ..... Ward)

File No. ..... Registered No. 3253

2. FULL NAME Lissie Fant

(a) Residence, No. 1113 N. 23rd ~~St.~~ ~~Ward.~~ 21
(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	Colored	New born

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 - 36

7. AGE YEARS	MONTHS	DAYS	~~If LESS than 1 day~~, 30 ~~hrs.~~ ~~or~~ min.
		4	

OCCUPATION

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

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 COUNTRY) Missouri

FATHER

13. NAME Chester Fant

14. BIRTHPLACE (CITY OR TOWN) Aberdeen
(STATE OR COUNTRY) Mississippi

MOTHER

15. MAIDEN NAME Mary McMullen

16. BIRTHPLACE (CITY OR TOWN) Aberdeen
(STATE OR COUNTRY) Mississippi

17. INFORMANT Chester Fant
(ADDRESS) 1113 N 23rd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 3/27/36, 19

19. UNDERTAKER David Jon Lossan
(ADDRESS) City Hosp #1

20. FILED ..... 19 J F Bredeck
Registrar.

MAR 25 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 13 - , 1936

22. I HEREBY CERTIFY, That I attended deceased from birth 3-9-, 1936, to 3 - 13 - , 1936

I last saw her alive on March - 13 - , 1936 Death is said to have occurred on the date stated above, at 3:40 p.m.

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

	Date of onset
Prematurity	

159

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

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? .....

If so, specify .....

(Signed) Frazier D. Alexander, M. D.

(Address) St Mary's Infirmary