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.

MAY 7 1937

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

Do not use this space.

File No. 14122

Registered No. 3618

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis, Mo. (No. City Hospital. St. ..... Ward)

2. FULL NAME Fannie R. Stewart.

(a) Residence, No. 7218 N. Broadway. St., 8 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.	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1857.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79.	10.	7.	

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. At. Home.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellsvile Mo.

FATHER

13. NAME John Petty.

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

MOTHER

15. MAIDEN NAME Unknown.

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

17. INFORMANT Mrs Nellie Sheperd.
(ADDRESS) 7218 N. Broadway.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Martinsburg, Mo DATE April 4, 1937

19. UNDERTAKER Math Hermann & Son.
(ADDRESS) 2161 East Fair Ave.

20. FILED APR 3 1937 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

No Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.00 P.M.

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

	Date of onset
Arteria Sclerosis	
cont: Fracture of neck of left femur, due to fall in the home, about 5:30 P.M. Feb 24, 1937	

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? Accident Date of injury Feb 24, 1937

Where did injury occur? St Louis Mo
(Specify city or town, county, and State)

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

Home

Manner of injury Fall to floor

Nature of injury Fracture Left Femur.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alfred Gerry, M. D.

(Address) Deputy Coroner