

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

540
Do not use this space.

1. PLACE OF DEATH
 (a) County FEB 12 1938 Homer Registration District No. 791
 (b) Township Phillips Hospital Primary Registration District No. 1003
 (c) City St. Louis, Mo. (d) Street No. En route Homer & Phillips Hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fannie Bailey 400
 (a) Residence, No. 419 N. Leffingwell Ave. St. 27 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>?</u>				
7. AGE <u>About 62</u>	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Nil.</u>			
	9. Industry or business in which work was done, as 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) <u>Memphis</u> (STATE OR COUNTRY) <u>Tenn.</u>				
FATHER	13. NAME <u>? Goodman</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Tenn.</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Lizzie Turner</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Tenn.</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Dora Gordon</u> (ADDRESS) <u>3872 Windsor</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Cem</u> DATE <u>1/12/38</u> 19 <u>38</u>				
19. FUNERAL DIRECTOR <u>E. L. Garner</u> (ADDRESS) <u>2829 Washington Ave.</u>				
20. FILED <u>JAN 12 1938</u> <u>J. Brebeck</u> Local Registrar.				

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/4/38 1938

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 9:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

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? No.
 If so, specify.....
 (Signed) Joseph M. Turner M.D.
 (Address) Deputy Coroner

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.

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Herliard

Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

No. _____ for by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Arthur L. Herliard

Licensed Embalmer No. 3389

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

