S. No. 2
-11-10-39
5-17-39
PI X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17075

FILED JUN 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4553

**1. PLACE OF DEATH:**

(a) County

(b) City or town ST Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community About 4 years.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town ST Louis Mo 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2711 Washington
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Fannie Whitfield 314

3. (b) If veteran, name war ---- --

3. (c) Social Security No. None

4. Sex Fe Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ~~Wide~~ Lovent

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased May (Month) 9 (Day) 1886 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 54 | 0 | 11 | hr. min. |

9. Birthplace Mississippi (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Peter Randle
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Amanda Motten
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Fannie Foster
(b) Address 1015 N 22 nd, St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-40. (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem,

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) MAY 23 1940 (Date received local registrar) (b) J. F. Budick (Signature of registrar)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 20th year 1940 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from May 18th, 1940, to May 20, 1940; that I last saw her alive on May 20th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious anemia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. S. Mitchell (M. D. or other)
Address 1536 Papin St Date signed 5/27/40

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ L Bo

, Registered Apprentice No. Murphy C

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis 9

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

**If this body is not embalmed, above space should be left blank.**