No. 2
-1-4-41
5-17-39
X26390

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. 20440

Registration District No. 7c Primary Registration District No. 1003 Registrar's No. 5252

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Homer G. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)
In this community 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2941 Easton
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fannie Marsh

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased September 8, 1874 (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 14 If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Ruben Moore
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Sophie ?
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Hardy Nicholson
(b) Address 2941 Easton Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director F.A. GREEN
(b) Address 2915 Franklin Avenue

19. (a) JUN 26 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1941 hour 6:25 minute PM.

21. I hereby certify that I attended the deceased from June 11, 1941, to June 22, 1941; that I last saw her alive on June 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	5 yrs
Hypertension	" "
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 [signature] (M. D. or other)
Address Date signed

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin a

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

If this body is not embalmed, fact should be so stated above.