

DEC 22 1941 791

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8708

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:
BARNES HOSPITAL D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 7 days
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town Festus
(If outside city or town limits, write "RURAL")
(d) Street No. 423 So. Adams Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mattie Kille Vannerson

3. (b) If veteran, name war. --- 3. (c) Social Security No. ----

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wade Vannerson 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 11, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 2 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Louis Beeks

13. Birthplace Washington Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Harris

15. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maude Bish

(b) Address 1710 N. Pendleton Avenue

17. (a) Burial (b) Date thereof 11/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107-09 Finney Avenue

19. (a) NOV 3 1941 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month October day 29 ch
year 1941 hour 6 minute 40 A. M.

21. I hereby certify that I attended the deceased from October 22, 1941 to October 29, 1941;
that I last saw her alive on October 29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism (bilateral) of undetermined origin
Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 11/12

Major findings: Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. F. Predeck (M. D. or.....)

Address BARNES HOSPITAL Date signed.....

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

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17
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NR

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NR

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

..... James A. Johnson, Registered Apprentice No.
working under my personal supervision.

Signed

James A. Johnson
.....
Licensed Embalmer No. 3522

P. O. Address. 4307 Finney Ave.

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.)

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