

FILED NOV 16 1942 318

Registration District No.

Primary Registration District No.

Registrar's No.

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-30-42 to 11-24-42
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Mrs. Fannie Joy

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John R. Day 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased July 8th 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John White
13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Hollingsworth
15. Birthplace Unknown, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Day
(b) Address 4259 Russell Ave.
17. (a) Burial (b) Date thereof 11-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Summersville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) NOV 5 1942 (b) J. J. Bradest
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas
(c) City or town Houston
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1942 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from 10-30
....., 1942, to 11-2, 1942,
that I last saw ICX alive on 11-2 and that death occurred on the date and hour stated above.

Immediate cause of death
Generalized peritonitis Duration 1 week
Due to Carcinoma of sigmoid with metastases 1 yr.
Due to

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy As above

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?

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature J. J. Bradley (M. D. or other?)
Address BARNES HOSPITAL Date signed 11-3-42

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

9241
9241

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 J. G. Sullinaw
Licensed Embalmer No. 1122
P. O. Address City

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.