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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40588

State File No.

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 11427

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

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:
The Isolation Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution From 12-14-43 to 12-18-1943. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 512
(If outside city or town limits, write "RURAL")

(d) Street No. 5017 Delmar
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Fannie Southerland

3. (b) If veteran, name war

3. (c) Social Security No. unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Dennis Southerland

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased August (Month) 30 (Day) 1917 (Year)

8. AGE: Years 26 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Factory Worker-Cable Co.

11. Industry or business

FATHER
12. Name Baylus Barbery
13. Birthplace South Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lyda McCarter
15. Birthplace South Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor
(b) Address 5600 Arsenal Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 19, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Greenville, South Carolina

18. (a) Signature of funeral director Bromschwig Funeral Home
(b) Address 4746 W. Florissant Ave.

19. (a) DEC 20 1943 (Date received local registrar) (b) J. J. Bromschwig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18 year 1943 hour 7 P.M. minute M.

21. I hereby certify that I attended the deceased from 12-14-1943, 19..., to 12-18-1943, 19..., that I last saw her alive on December 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Meningococcus Meningitis	(unk)
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 Francis M. Lacy (M. D. or other)
Address Isolation Hosp. Date signed 12-18-43

844

(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 Robert H. Hoppe

Licensed Embalmer No. 1861

P. O. Address.....

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, fact should be so stated above.