

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **131**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Infirmery. 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 Yrs 9 Mo 22 Days
(Specify whether
 In this community 20 Yrs,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000 1713
 (c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")
 (d) Street No. 2164a Farrer Ave.
(If rural, give location)
 (e) Citizen of foreign country? American, (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Fannie Hickson.

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 WIDOW

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

7. Birth date of deceased _____ 1862
(Month) (Day) (Year)

8. AGE: abt Years 81 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil.

11. Industry or business _____

MOTHER FATHER

12. Name Ned Zimmerman

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

14. Maiden name Betsy Zimmerman

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

16. (a) Informant Carl A. Busch
 (b) Address 3700 Arsenal St

17. (a) Burial (b) Date thereof 1-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director ALLEN DAILES
 (b) Address 3506 FRANKLIN AVE

19. (a) JAN 6 1944 (b) J. F. Busch
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5,
 year 1944 hour 12; minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec 20
 1943, to Jan 5 1944
 that I last saw h. co alive on Jan 4 1944
 and that death occurred on the date and hour stated above. 1944

Immediate cause of death chronic myocarditis
Arteriosclerosis

Due to _____
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

Duration 1 week
1 year

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 A. Zimmerman (M. D. or other) _____
 Address 5800 Arsenal St Date signed 1/5/44

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

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.....

P. O. Address.....

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.