

S. No. 2
M-5-43
5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8087**
1361
Registrar's No.

FILED FEB 20 1946
Registration District No. **318**

Primary Registration District No. **100**

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:
4323 Cook Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 Years
In this community 6 Years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Fannie Willis
3. (b) If veteran, name war. ---
3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Willie Willis
6. (c) Age of husband or wife if alive. --- years
7. Birth date of deceased. June 7th 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 0 hr. min.

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

10. Usual occupation Housework

11. Industry or business At Home

MOTHER FATHER

12. Name Edward Thomas

13. Birthplace Unavailable Louisiana
(City, town, or county) (State or foreign country)

14. Maiden name Jane---

15. Birthplace Unavailable Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Middleton

(b) Address 4323 Cook

17. (a) Burial (b) Date thereof 2/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Greenwood Cemetery

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

(b) Address 4107 Finney Ave.

19. (a) FEB 9 1946 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4323 Cook Ave.
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 7th
year 1946 hour 11:00 minute A.M., M.

21. I hereby certify that I attended the deceased from 1-28-46 to 2-7-46
that I last saw her alive on 2-6-46
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration don't know

Due to Decompensated heart. don't know

Other conditions (Include pregnancy within 3 months of death) 93

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?

While at work? --- (Specify type of place)
(e) Means of injury.....
Walter H. Bonebrake
Address 1506 St. Louis Ave. Date signed 2-8-46

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.....

Thomas J. Gates

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259

P. O. Address 4107 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.