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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1946

Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41807

Primary Registration District No. 6075

Registrar's No. 398

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 2 mos. 19 das. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94

(c) City or town Overland 0
(If outside city or town limits, write "RURAL")

(d) Street No. 10407 Niblic 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME MARIE ANNA FIENUP

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced (?)

6. (b) Name of husband or wife Keen Fienup - 2nd Husband

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

7. Birth date of deceased January (Month) 11, (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	10	23	..... hr. ..... min.

9. Birthplace Mt. Vernon (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John Williams
13. Birthplace Bonnie (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Nannie Daniel
15. Birthplace Mt. Vernon (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-46 (Month) (Day) (Year)

(c) Place: burial or cremation Oakgrove Cem., St. Louis, Mo.

18. (a) Signature of funeral director Geo. L. Pleitsch

(b) Address 5966 Easton ave.

19. (a) 12-17-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4, year 1946 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 6, 1946, 19..., to Dec. 4, 1946, 19...; that I last saw her alive on Dec. 4, 1946, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Lues	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No autopsy.	

306

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 George W. Reurs (M. D. or other) M.D.

Address Farmington Mo Date signed 12-4-46

289

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1246-3000
Date Filed 12-20-46

DEC 30 1946

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 Rex Campbell

Licensed Embalmer No. 3881

P. O. Address St Louis Mo

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.