

FILED NOV 3 1947

318

Primary Registration District No.

1003

9779

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:
2320 EUGENIA st
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community 65 years

3. (a) PRINT FULL NAME Fannie Amos

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

4. Sex F 3 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased July (Month) 15 (Day) 1863 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>3</u>	<u>2</u>	hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

12. Name Unknown 9

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

14. Maiden name Easter Steel

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

16. (a) Informant Sarah Stewart
 (b) Address 2320 Eugenia st

17. (a) Buriel (b) Date thereof Oct 23-47
(Burial, cremation, or removal) (Month) (Day) (Year)
Greenwood

(c) Place: burial or cremation.....

18. (a) Signature of funeral director J. W. Hughes

(b) Address 2620 Lawton blvd

19. (a) OCT 22 1947 (b) J. F. Bredeek
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County cas
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
2320 Eugenia st 9
 (d) Street No. 22 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
 year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 28-46
17, to Oct 17, 1947
 that I last saw her alive on Oct 16, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Hastitis and enterocolitis Duration 2 mos

Due to Senility

Due to.....
 Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations 7/20
 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.....

23. Signature J. F. Bredeek (M. D. or other) MD
 Address 3012 S. D. Nelson Date signed 10/18/47

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

MOTHER FATHER

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 Marshall Babson....., Registered Apprentice No. *492*
working under my personal supervision.

Signed *Lyda Hughes*.....
Licensed Embalmer No. *72938*
P. O. Address *St Louis Mo*.....

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.