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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2447

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:
2003 Allen Av
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL") 19
 (d) Street No. 2003 Allen Av
(If rural, give location) 73
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Zora Elizabeth Fatchett

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-14-3778

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased Dec 2 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 8 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Aubuchon
 13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Thomure
 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Fatchett
 (b) Address 2003 Allen Av

17. (a) Cremation (b) Date thereof 3/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wm. E. Morgan
 (b) Address 1926 Allen Av

19. (a) J. P. Bredack (b) _____
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 10
 year 1948 hour 1.40 minute _____ A. M.

21. I hereby certify that I attended the deceased from March 15 1947 to March 10 1948
 that I last saw her alive on March 9 1948
 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocarditis Duration _____

Due to arterio sclerosis 2

Due to _____

Other conditions Chronic hepatitis 2
(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? _____

While at work? _____ (Specify type of place)
 (e) Manner of injury _____
 23. Signature Carl A. Johnson (M. D. or other) _____
 Address 3048 Lafayette Date signed 3/10/48

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Bing C Duncan

Licensee Embalmer No. 2272

P. O. Address 1926 Allen

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.