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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUN 28 1948

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 20667
Registrar's No. 5463

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G Phillips Hospital
(d) Length of stay: In hospital or institution 4 MOS - 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 3725 Vista
(e) Citizen of foreign country?

3: (a) PRINT FULL NAME Fannie Black
3: (b) If veteran, name war
3: (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 12 year 1948 hour 9 minute 58 p m.

4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife John Black
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 (Month) 22 (Day) 1888 (Year)

21. I hereby certify that I attended the deceased from Feb. 6 1948 to June 12 1948
that I last saw her alive on and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 4 Days 20

Immediate cause of death: Hypertensive Heart Disease with Decompensation
Due to
Due to

9. Birthplace
10. Usual occupation Housemaid

Other conditions: Generalized Arteriosclerosis, Senile psychosis and Old Cerebral Thrombosis
Major findings: Of operations, Of autopsy No
PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name James Smith
13. Birthplace
14. Maiden name
15. Birthplace

16. (a) Informant Catherine Williams
(b) Address 3725 Vista Ave
17. (a) Burial, cremation, or removal
(b) Date thereof 6-17-48
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Date received local registrar JUN 16 1948
(b) Registrar's signature J. F. Blodgett

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Means of injury
23. Signature Oscar Daniels (M. D. or other)
Address 2601 N Whittier Date signed 6/16/48

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

JUN 16 1948

(Licensed Embalmer's Statement on Reverse Side)

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.....

Frederick P. Starks

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Melvin E. Green

Licensed Embalmer No. *4428*

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.