

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27946**
7-3330

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY D St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR St. Catherine	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) W. Rt. #2, Box 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital, ()			
3. NAME OF DECEASED a. (First) Fannie Lee b. (Middle) Coulson c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) August 22, 1949
5. SEX F	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-8-1879
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bucklin mo
12. CITIZEN OF WHAT COUNTRY? usa			
13a. FATHER'S NAME James Switzer		13b. MOTHER'S MAIDEN NAME Zora Williams	14. NAME OF HUSBAND OR WIFE Ott Coulson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ott Coulson
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolus to right cerebral artery ANTECEDENT CAUSES DUE TO (b) Ventricular tachycardia Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerotic heart disease with auricular fibrillation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 3 hrs.		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 93
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H 210
22. I hereby certify that I attended the deceased from August 6, 1949 to Aug. 22, 1949 , that I last saw the deceased alive on Aug. 22, 1949 , and that death occurred at 3:30 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE F.R. Bradley		23b. ADDRESS Barnes Hospital,	23c. DATE SIGNED 8-22-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-23-49	24c. NAME OF CEMETERY OR CREMATORY Wyandotte
24d. LOCATION (City, town, or county) (State) St. Catherine mo			
DATE REC'D BY LOCAL REG. AUG 22		REGISTRAR'S SIGNATURE J. B. Sauter	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc.		4104 Manchester Ave. St. Louis 10, Mo.	

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

Searched

RECEIVED
MAY 10 1958

7386

APR 24 1958

JAN 16 1958

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Earl M. Seymour

Licensed Embalmer No. 04343

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.