No. 300
10.48

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

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32113

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8534

1. PLACE OF DEATH
a. COUNTY St Louis Missouri
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3730 Cook Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
d. STREET ADDRESS (If rural, give location) 3730 Cook Ave

3. NAME OF DECEASED (Type or Print) a. (First) Fannie, b. (Middle) Mary Wilson c. (Last) Ransey

4. DATE OF DEATH (Month) Oct (Day) 1st (Year) 1949

5. SEX Female

6. COLOR OR RACE Col

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 28th Nov 1892

9. AGE (In years last birthday) 56 — If under 1 year: Months 11, Days 19, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laundress

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Macon Mississippi

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME George Wilson

13b. MOTHER'S MAIDEN NAME Rose Ballard

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 500 26 0127

17. INFORMANT'S SIGNATURE OR NAME Mrs J. Phillip — **ADDRESS** 3730 Cook

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Subclavian Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

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) 97

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4500

22. *I hereby certify that I attended the deceased from* 7-30, 1949, *to* 10-1, 1949, *that I last saw the deceased alive on* 9-28, 1949, *and that death occurred at* 9:15 m., *from the causes and on the date stated above.*

23a. SIGNATURE R. E. Smith (Degree or title) M.D.

23b. ADDRESS 11 N. Jefferson

23c. DATE SIGNED 10-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10/5/49.

24c. NAME OF CEMETERY OR CREMATORY Washington Park

24d. LOCATION (City, town, or county) 9800 Natural Bridge (State) Mo.

DATE REC'D BY LOCAL REG. OCT 4 1949

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Herman J. Smith **ADDRESS** 4247 W. Lebadie

(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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Lawrence Edwardsen

Licensed Embalmer No. 434

P. O. Address St Louis 13, 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.