

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6374
Registrar's No. 1680

FILED MAR 2 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>1680</u>	
1. PLACE OF DEATH a. COUNTY <u>NONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>NONE</u>			
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ST. LOUIS</u>		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMER G. PHILIPS</u>				25 STREET ADDRESS (If rural, give location) <u>3539 Laclede</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u>			b. (Middle)		c. (Last) <u>LOVE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 17 1951</u>
5. SEX <u>3</u> <u>FEMALE NEGRO</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>Jan. 7 1901</u>	
9. AGE (In years last birthday) <u>50</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>Aberdeen, Miss.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>LONDON WALKER</u>			13b. MOTHER'S MAIDEN NAME <u>FANNIE YOUNG</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BETTY LOVE, 3539 Laclede</u>			
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) <u>Hypertensive Cardiovascular Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HA 3X</u>			
22. I hereby certify that I attended the deceased from <u>1-31</u> , 19 <u>51</u> , to <u>2-17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-17</u> , 19 <u>51</u> , and that death occurred at <u>11:52am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clavis J. Thompson M. D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>2-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>2/19/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>E. ST. LOUIS ILL.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>FEB 20 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Karater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. J. CRIGGLER, 1036 TUDOR AVE</u>			

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

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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 John K. Cunningham

Licensed Embalmer No. 24456

P. O. Address 4107 Bismarck Circle

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.