

FILED JUL 28 1951

STANDARD CERTIFICATE OF DEATH

State File No. 25171
Registrar's No. 6440

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6440	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 40 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2731 Lawton blvd				d. STREET ADDRESS (If rural, give location) 2731 Lawton blvd			
3. NAME OF DECEASED (Type or Print) Fannie		a. (First)		b. (Middle)		c. (Last) Rice	
4. DATE OF DEATH (Month) (Day) (Year) July 18 51		5. SEX F		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH March 15 1884		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 4 Days		IF UNDER 24 HRS. Hours 4 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tennessee	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Harson Rice Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Fraction 2731 Lawton blvd			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)			
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? HHBX			
22. I hereby certify that I attended the deceased from 7/16 , 19 51 , to 7/18 , 19 51 ; that I last saw the deceased alive on 7/18 , 19 51 and that death occurred at 5A m., from the causes and on the date stated above.							
23a. SIGNATURE Cloris H. Beane M.D.				23b. ADDRESS 219th No. Jefferson		23c. DATE SIGNED 7/18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 23-51		24c. NAME OF CEMETERY OR CREMATORY National Cem		24d. LOCATION (City, town, or county) (State) St Louis Co Mo	
DATE REC'D BY LOCAL REG JUL 19 1951		REGISTRAR'S SIGNATURE J. B. Slaughter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Hughes 2624 Lawton			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James A. Carter

Licensed Embalmer No. 4681

P. O. Address 4923 Suburban

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.