

FILED APR 25 1952

# STANDARD CERTIFICATE OF DEATH

142665

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3221**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
 c. LENGTH OF STAY (in this place) **Years**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **2146 Knox Ave**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
 d. STREET ADDRESS (If rural, give location) **2146 Knox Ave**

**2039**

3. NAME OF DECEASED  
 a. (First) **ANNA** b. (Middle) **LOUISE** c. (Last) **FORTUNE**  
 4. DATE OF DEATH (Month) (Day) (Year) **4 4 1952**

5. SEX **Female** 6. COLOR OR RACE **White**  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At Home**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**  
 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

8. DATE OF BIRTH **4/23/1872**  
 9. AGE (In years last birthday) **79**  
 11. BIRTHPLACE (State or foreign country) **St. Louis**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Frank Allen**

13b. MOTHER'S MAIDEN NAME **?**

14. NAME OF HUSBAND OR WIFE **George H. Fortune Dec'd**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. **498-34-6441**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs Earle Schmidt 2146 Knox Ave**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Bronchiae pneumoniae**  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Anemia and malnutrition**  
 DUE TO (c) **Senility**  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
**Ch. myocarditis**

INTERVAL BETWEEN ONSET AND DEATH **24 hrs**  
 many years

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) \_\_\_\_\_

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

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

21f. HOW DID INJURY OCCUR **293X**

22. I hereby certify that I attended the deceased from **5/1/1930** to **4/4/52**, 19\_\_\_\_, that I last saw the deceased alive on **4/4/52**, 19\_\_\_\_, and that death occurred at **2.45P** m., from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) **M.D. O**

23b. ADDRESS **7266 Manchester Ave.**

23c. DATE SIGNED **4/5/52**

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

24b. DATE **4/7/52**

24c. NAME OF CEMETERY OR CREMATORY **Lake Charles Cemetary**

24d. LOCATION (City, town, or county) (State) **St. Louis County Missouri**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **APR 7 1952**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Ambruster Mortuary 6633 Clayton Road**

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Ernest W. Spillers*

Signed.....

Student Embalmer

Licensed Embalmer No.....

*4080*

P. O. Address.....

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.