

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29762

State File No.

7858

FILED SEP 3- 1952

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN ST. LOUISc. LENGTH OF
STAY (in this place)d. FULL NAME OF
HOSPITAL OR
INSTITUTION Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

MO

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN ST. LOUIS2229

d. STREET ADDRESS (If rural, give location)

222 2324 Clark Avenue03. NAME OF
DECEASED
(Type or Print)

a. (First)

Fannie

b. (Middle)

c. (Last)

McKinney4. DATE
OF
DEATH(Month) (Day) (Year)
August 12, 1952

5. SEX

3

6. COLOR OR RACE

FEMALE NEGRO7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)WIDOWED

8. DATE OF BIRTH

8-12-18769. AGE (in years
last birthday)7610. UNDER 1 YEAR
Months Days11. UNDER 1 MIN.
Hours Min.10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)NIL10b. KIND OF BUSINESS OR IN-
DUSTRY

11. BIRTHPLACE (State or foreign country)

MOBILE MISSISSIPPI12. CITIZEN OF WHAT
COUNTRY?

13a. FATHER'S NAME

JOHN PARKER

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

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

JOHN MCKINNEY 2324 CLARK

ADDRESS

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 dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH*(a)

MEDICAL CERTIFICATION

Hypertensive Cardio Vascular DiseaseINTERVAL BETWEEN
ONSET AND DEATHUndetermined

ANTECEDENT CAUSES

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

DUE TO (b)

Undetermined

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

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?

443X22. I hereby certify that I attended the deceased from Aug. 10, 1952, to Aug. 12, 1952, that I last saw the deceased
alive on Aug. 12, 1952, and that death occurred at 11:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE

Edna E. Brooks

(Degree or title)

M.D.

23b. ADDRESS

2601 N. Whittier St.

23c. DATE SIGNED

August 14, 195224a. BURIAL, CREMA-
TION, REMOVAL (Specify)REMOVAL

24b. DATE

8-19-52

24c. NAME OF CEMETERY OR CREMATORY

OAKDALE

24d. LOCATION (City, town, or county)

ST. LOUIS COUNTY MO.DATE REC'D BY LOCAL
REG.AUG 19 1952

REGISTRAR'S SIGNATURE

Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE

Bennie Love 3103 Washington

ADDRESS

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

W. B. Claude Gordon

Signed

Student Embalmer

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.