

STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **340**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis Co.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond Hts.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>10 WEEKS</b>		d. STREET ADDRESS (If rural, give location) <b>6560 Smiley Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Geraldine Agnes Fanning</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 26 1953</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	
8. DATE OF BIRTH <b>Apr. 22 1893</b>		9. AGE (In years, last birthday) <b>56</b>		10. MONTHS <b>9</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13. HOURS <b>4</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>supervisor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bank</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>	
13a. FATHER'S NAME <b>Hugh G. Fanning</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Smyth</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-14-5137</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Annie Maxwell</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Carcinomatosis</b>		ADDRESS <b>6060 Smiley Ave</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Bowel carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 Mo.</b>	
DUE TO (c) _____		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Metastatic carcinoma</b>		over <b>4 Mo.</b>	

19a. DATE OF OPERATION <b>11-14-52 TION</b> <b>11-25-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Bowel obstruction and generalized carcinomatosis</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-13, 1952**, to **1-26, 1953**, that I last saw the deceased alive on **1-25, 1953** and that death occurred at **8:15a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. J. Steiner</b>		(Degree or title) <b>MD.</b>		23b. ADDRESS <b>634 N Grand</b>	
23c. DATE SIGNED <b>1-28-53</b>					

24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <b>Burial</b>		24b. DATE <b>Jan 29 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>					

DATE REC'D BY LOCAL REG. <b>1-28-53</b>		REGISTRAR'S SIGNATURE <b>Nesbert R. Donk</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>William Cullman</b>	
				ADDRESS <b>Box 3370 N.</b>	

*Dr. A. J. Steiner*  
*Mo. Theatre Bldg*

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~~ *Me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. W. Wilkinson*

Licensed Embalmer No.

*3575*

P. O. Address

*St Louis 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.