

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19390-5119**

FILED JUN 4 1953

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

1. PLACE OF DEATH a. COUNTY			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) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2219</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer Phillips Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>2832 Pine</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Pannie</b> b. (Middle) c. (Last) <b>Fox</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 16 1953</b>			
5. SEX <b>3</b> <b>FEMALE</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow 2</b>	8. DATE OF BIRTH <b>11-25-1912</b>	9. AGE (In years last birthday) <b>40</b>	IF UNDER 1 YEAR Months IF UNDER 2 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Rolla MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>August Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>James Parker Dead</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fay Swift 1330 N. Sarah St</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>Pulmonary Tuberculosis, Far Advanced</b>  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. <b>Thoracoplasty, left; massive pulmonary</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>hemorrhage</b>		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>002X</b>				
22. I hereby certify that I attended the deceased from <b>5-12</b> , 19 <b>53</b> , to <b>5-16</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>5-16</b> , 19 <b>53</b> , and that death occurred at <b>3:30a</b> m., from the causes and on the date stated above.						
23a. SIGNATURE <b>W. J. Williams M. D.</b>			23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>5-18-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>5-17-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County MO</b>			
DATE REC'D BY LOCAL <b>MAY 21 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BUS LOWE 2930 Dickson, St</b>			

S.P. (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 *Leroy W. Barnister*

Licensed Embalmer No. *4523*

P. O. Address *3880 Eastern*

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.