

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 20 1953

318

1003

6600

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No.

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) 38 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION DOA City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY 2179

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

d. STREET ADDRESS (If rural, give location) 6112 Minnesota Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Elmer b. (Middle) _____ c. (Last) Fennell

4. DATE OF DEATH (Month) (Day) (Year) June 30, 1953

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 2/2/1875 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: Months 4 Days 28 IF UNDER 1 HR. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) Lawrence County, Alabama

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Jacob Fennell 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Daisy Fennell

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 Leon Fennell, 6112 Minnesota Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES DUE TO (b) _____

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 3, 1953, to 10, 1953, that I last saw the deceased and that death occurred at 12:56 P.M. from the causes and on the date stated above.

23. REMOVAL (Specify) Removal 24b. DATE 7/7/53 Greenwood Cemetery St. Louis County, Missouri

DATE REC'D BY LOCAL REG. JUL 3 1953 REGISTRAR'S SIGNATURE J. Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates, 4107 Finney Ave

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10
3409

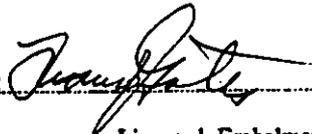
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4259

P. O. Address 407 7th

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.