

FILED SEP 29 1955

STANDARD CERTIFICATE OF DEATH

31534

State File No.

Registrar's No. 8093

1003

318

REG. DIST. NO.

PRIMARY REG. DIST. NO.

BIRTH NO.

I. PLACE OF DEATH

a. COUNTY

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

a. STATE Missouri

b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis

c. LENGTH OF STAY (In this place)

c. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2209 Division Street

e. STREET ADDRESS (If rural, give location) 21 2209 Division Street

3. NAME OF DECEASED (Type or Print)

a. (First) Fannie

b. (Middle)

c. (Last) Stidham

4. DATE OF DEATH

(Month) (Day) (Year) Sept. 10, 1955

5. SEX

Female

6. COLOR OR RACE

Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow

8. DATE OF BIRTH

Sep. 2, 1886

9. AGE (In years last birthday)

69

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY unemployed

11. BIRTHPLACE (City and State or Foreign Country) Stylesburg, Georgia

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME

Rubin Bennett

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Julius Stidham

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 Delores White - 2209 Division St.

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) *Cerebral apoplexy*

ANTECEDENT CAUSES

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

DUE TO (b) *Hypertension*

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

331K

INTERVAL BETWEEN ONSET AND 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)

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

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 *Sept. 1* 19*55*, to *Sept. 10* 19*55*, that I last saw the deceased alive on *Sept. 10, 1955*, and that death occurred at *6:15 a.m.*, from the causes and on the date stated above.23a. SIGNATURE (Degree or title) *Walter G. Younger MD*23b. ADDRESS *7837 Market*23c. DATE SIGNED *9/15/55*

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE *9/15/55*24c. NAME OF CEMETERY OR CREMATORY *Washington Park Cemetery*24d. LOCATION (City, town, or county) (State) *St. Louis County, Mo.*

DATE REC'D BY LOCAL REG. SEP 14 1955

REGISTRAR'S SIGNATURE *Earl Smith MO*25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Atkins Bros. Und. Co. 3644 Finney*

(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.....
Signature of Student Embalmer

Signed.....
John K. Cunningham

Licensed Embalmer No..... 4476

P. O. Address..... 4700 Hammett

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.