

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

**41927**

State File No. \_\_\_\_\_  
Registrar's No. **11577**

**FILED JAN 17 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (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, Mo</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4033 Washington</b>		e. STREET ADDRESS (If rural, give location) <b>21 2629 Dickson Street</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Fannie</b>		a. (First) <b>Fannie</b>		b. (Middle) <b>W.</b>	
c. (Last) <b>Conway</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>12 29 1955</b>			
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>Negro</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widow</b>	
<b>8. DATE OF BIRTH</b> <b>January 21, 1872</b>		<b>9. AGE</b> (In years last birthday) <b>83</b>		<input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 2 HRS.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Nil</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Burnswich, Missouri</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>Unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Dead</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Otherine Wilson</b>		<b>ADDRESS</b> <b>4033 Washington Ave.</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 hr.</b>  <b>12 yrs.</b>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>420.1</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>Dec 15, 1955</u>, to <u>Dec 29, 1955</u>, that I last saw the deceased alive on <u>Dec 29, 1955</u>, and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <b>Charles V. Clebs</b>		(Degree or title) <b>M.D.</b>		<b>23b. ADDRESS</b> <b>1047 N. Vandeventer</b>	
<b>23c. DATE SIGNED</b> <b>12.30.55</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>12/3/55</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Washington Park Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Missouri</b>			
<b>DATE REC'D BY LOCAL REG.</b> <b>DEC 31 1955</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Paul Smith M.D.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>C.W. Roberts</b>	
		<b>ADDRESS</b> <b>1416 N. Taylor Ave.</b>			

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 *James A. Carter*.....  
Licensed Embalmer No.....

*St. L.*  
P. O. Address.....

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.