DEC 28 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42405
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 789
(b) Township Central — Primary Registration District No. 6033 — Registered No. 313
(c) City ~~Wellston~~ — (d) Street No. 6408 Lenox Ave., St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas A. Minnis
(a) Residence, No. 6408 Lenox Ave., St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Isabella Minnis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 8, 1856.

7. AGE: YEARS 81 — MONTHS 7 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Shoemaker
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

FATHER
13. NAME: Thomas J. Minnis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: ? BAiley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Isabella Minnis, 6408 Lenox Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Cem., DATE: Nov. 13/37

19. FUNERAL DIRECTOR (ADDRESS): Jos. W. Clark, 1125 Hodiamont Ave.,

20. FILED 11-11- 1937 H A Boehmer, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 10/37

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 -, 1937, to Nov 10 -, 1937
I last saw him alive on Nov 9 -, 1937. Death is said to have occurred on the date stated above, at 2.30 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of nose — Date of onset

Other contributory causes of importance: Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Emma Phelan, M. D.
(Address) 5321 Bartmer

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

Rd. Emma Phelan,
5321 Bartmer Ave.,
Fo. 0635. 7-8 P.M.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L.E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Jos. W. Clark

Licensed Embalmer No. I66I.

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.)