

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

969

Registrar's No. _____

969

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Minerva Carley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race col

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

abt 70

hr. min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Unknown

13. Birthplace "

(City, town, or county)

(State or foreign country)

14. Maiden name "

15. Birthplace "

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Edw. Weather

(b) Address 5310 Market

17. (a) _____

(b) Date thereof 1-6-40

(Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Ruff

19. (a) JAN 31 1940

(b) _____

(Date received local registrar)

(Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 28
(If outside city or town limits, write "RURAL")
(d) Street No. 1415 A (R) No 9th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24
year 1939 hour 3 minute 55 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardiac Asthma

Due to _____

Due to Arterio Sclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place)

(e) Manner of injury 5

23. Signature Joseph W. Weather (M. D. or other)

Address Deputy Coroner Dan Grand

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

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.

1 193511

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.