

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. PLACE OF DEATH:
 (a) County Franklin ave
 (b) City or town St Louis
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) g
 (d) Length of stay: In hospital or institution 50 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie Rivers
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female 5. Color or race Col
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Dead James Rivers
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Mar 5 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 22
 If less than one day hr. min.

9. Birthplace Wintsville (City, town, or county) (State or foreign country) Mo

10. Usual occupation House Work

11. Industry or business
 MOTHER FATHER { 12. Name John Rivly
 13. Birthplace Mo (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Lewis Rucker
 (b) Address 3130 Franklin ave
 17. (a) Buriel (b) Date thereof July 3 40 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park
 18. (a) Signature of funeral director J. W. Hughes
 (b) Address 2626 Leontine Blvd
 19. (a) JUL 1 1940 (b) J. L. Rucker (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouria (b) County
 (c) City or town St Louis (If outside city or town limits, write "RURAL") 21
 (d) Street No. 3130 Franklin ave (If rural, give location)
 (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JUNE day 27
 year 1940 hour 7:15 minute P M.
 21. I hereby certify that I attended the deceased from 5-26, 1940, to 6-27-, 1940
 that I last saw her alive on 6-27-, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardite
 Due to UNIC POWD
 Due to Aspl
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: No. of operation
 Of operations
 Of autopsy
 Duration Jan 1940
 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) Means of injury
 23. Signature Henry E. S. Hampton (M.D. or other)
 Address 2341 1/2 MARICE T. Date signed 6-28-40

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.....

Lyda Hughes

Licensed Embalmer No. *2938*

P. O. Address.....

2620 Lawton

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.