

No. 2
12-40
17-39
X23158

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40246

JAN 15 1941 91
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10017

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: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 1 da
(Specify whether years, months or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5740 Kingsbury
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1940 hour 10:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 29, 1940, to November 30, 1940;
that I last saw him alive on November 30, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia Duration 4 dae

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 W. F. A. Standa (M. D. or Other) _____
Address 2601 N Whittier Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Henry Minor

3. (b) If veteran, name war No

3. (c) Social Security No. 497-05-2689

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 27 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 3 hr. _____ min.

9. Birthplace Corant Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(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 John Pearson

(b) Address 15861 Wina Pl.

17. (a) Burial (b) Date thereof 12-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Bessie Love

(b) Address 3103 Washington Blvd.

19. (a) DEC 6 1940 (b) J. H. Brudeck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

12-4-40

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

MOTHER FATHER

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.....

Malvin Blackman

Licensed Embalmer No..... *3962*

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, fact should be so stated above.