

APR 8 1942 791

Registration District No. \_\_\_\_\_ Primary Registration District No. 10

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
In this community Life  
years, months or days (Specify whether)

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. 1420 1/2 N. 21st St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alice Minors

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color of race C 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JAMES 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased 10 6 1906  
(Month) (Day) (Year)

8. AGE: Years 35 Months 5 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation NUT PICKER

11. Industry or business \_\_\_\_\_

12. Name John Higginbotham

13. Birthplace ST LOUIS MO  
(City, town, or county) (State or foreign country)

14. Maiden name Philphly Briscoe

15. Birthplace UNKNOWN MISS  
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Higginbotham

(b) Address 1420 1/2 N. 21st St.

17. (a) BURIAL (b) Date thereof 3-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bernice Love

(b) Address 310 S. Washington Ave.

19. (a) MAR 10 1942 (b) J. F. Braden  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9, 1942  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 40 A. M.

21. I hereby certify that I attended the deceased from February 28, 1942 to March 9, 1942;  
that I last saw her alive on March 9, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Duration Unk.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 23

Of autopsy \_\_\_\_\_

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 J. W. Johnson (M. D. or other) \_\_\_\_\_  
Address 2602 N. Whittier Date signed 3/9/42

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

MOTHER FATHER

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**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 *William Blackburn*.....

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.**