. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1942 18

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35703

Registration District No. .....

Primary Registration District No. 1003

Registrar's No. 9612

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2611a Oregon Av. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

(c) City or town St. Louis 239
(If outside city or town limits, write "RURAL")

(d) Street No. 2611a Oregon Av.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Clifton Minor

3. (b) If veteran, name war World War

3. (c) Social Security No. 492-03-8741

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mamie Minor

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Mar. (Month) 27 (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	7	20	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Inspector

11. Industry or business Scullen Steel Co.

FATHER
12. Name William C. Minor
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Gertrude Klein
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mamie Minor
(b) Address 2611a Oregon Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Witt Bros. L & N Co.
(b) Address 2929 S. Jefferson Av.

19. (a) NOV 18 1942 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1942 hour 6 minute 30p. M.

21. I hereby certify that I attended the deceased from 3-5-41
..... 19..... to 11-17 1942
that I last saw him alive on 11-17 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day
Due to Hypertension	1 yr 7 mo
Due to Unknown	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature H E Jacobi (M. D. or other)
Address 3320 Lo Grand Date signed 11-18-42

(Licensed Embalmer's Statement on Reverse Side)

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. Gustav W. Dietrle

Licensed Embalmer No. 4329

P. O. Address. St. Louis, Mo.

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.