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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 36709
Registrar's No. 9734

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

FILED NOV 18 1943

318

Registration District No. 318 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
1217 N. Spring Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 911
(d) Street No. 1217 N. Spring Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIS MINOR

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

4. Sex MALE 5. Color or race COL 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased 3 sep 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 1 29 hr. min.

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

10. Usual occupation BABY

11. Industry or business

12. Name Earle Minors
13. Birthplace St. Louis MO 0
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Thornton
15. Birthplace Wartons MO 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Earle Minors

(b) Address 1217 N. Spring

17. (a) Burial (b) Date thereof Nov 6 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washing. Park Cemetery

18. (a) Signature of funeral director Max Vasser

(b) Address 2812 Cass Ave

19. (a) NOV 6 1943 (b) Joe F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1943 hour 8 minute 45 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 _____

Bronch. Pneumonia
Due to primary

Due to 107

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) Means of injury _____

23. Signature Thomas F. Calloway (M.D. or other)

Address Deputy Coroner Date signed Nov 4 1943

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

James A. Johnson

Licensed Embalmer No.

3522

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.