

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8693  
Registrar's No.

FILED OCT 23 1944 318  
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 3714 Iowa Av.  
(d) Length of stay: In hospital or institution 1  
In this community years, months or days

3. (a) PRINT FULL NAME Minnie M. Cloedy  
(b) If veteran, name war no.  
(c) Social Security No. no.

4. Sex Female  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Fred Cloedy  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased March 7 1880

8. AGE: Years 64 Months 7 Days 11  
If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business

MOTHER FATHER {  
12. Name Unkn. Paul.  
13. Birthplace Missouri  
14. Maiden name Rose Unknown  
15. Birthplace Missouri

16. (a) Informant Fred Cloedy  
(b) Address 3714 Iowa Av.

17. (a) Burial (b) Date thereof 10-14-44  
(c) Place: burial or cremation N. S. S. Peter Paul Cem.

18. (a) Signature of funeral director with Mrs. J. F. Bredich  
(b) Address 2929 S. Jefferson Av.

19. (a) OCT 13 1944 J. F. Bredich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County  
(c) City or town St. Louis  
(d) Street No. 3714 Iowa Av.  
(e) Citizen of foreign country? No  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 12  
year 1944 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct 3 1944 to Oct 12 1944  
that I last saw her alive on 10-12  
and that death occurred on the date and hour stated above.

Immediate cause of death Central Arteriosclerosis  
Duration 9 days

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 83  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
23. Signature J. F. Bredich (M. D. co-signer)  
Address 4065 S. Grand Date signed 10/12/44

**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 John Hetter  
Licensed Embalmer No. 3880  
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.**