

S. No. 2
DM-5-43
v. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2898**
Registrar's No. **347**

Registration District No. **FILED JAN 27 1947**

Primary Registration District No. **100**

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:
3033 Semple Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **---** (Specify whether)
In this community **Life** years, months or days

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. **3033 Semple** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Daniel Minor**
3. (b) If veteran, name war **---** 3. (c) Social Security No. **Unavailabl**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **9th** year **1947** hour **2:07** minute **A.M.** M.
21. I hereby certify that I attended the deceased from **July 3rd** 19**44** to **Jan. 9th** 19**47**
that I last saw him alive on **Jan. 9th** 19**47**
and that death occurred on the date and hour stated above.

4. Sex **Male** 2 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Beatrice Minor**
6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **February 9th 1892**
(Month) (Day) (Year)

Immediate cause of death **Myocarditis-Chronic**
Due to _____
Due to **acute tubercle**
Other conditions (Include pregnancy within 3 months of death) **93**
Major findings: Of operations **NO**
Of autopsy **NO**

8. AGE: Years Months Days If less than one day
54 **11** **0** hr. min.

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace **Centaur Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Porter**

11. Industry or business **Grocery Store**

12. Name **Jack Minor**

13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Polly -- Unk.**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Beatrice Minor**
(b) Address **3033 Semple**

17. (a) **Burial** (b) Date thereof **1/13/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **Charles J. Gates**
(b) Address **JAN 13 1947 4107 Finney Ave.**
19. (a) **JAN 13 1947 J. J. Brebeck**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **NO**
(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? **NO** (Specify type of place) (e) Means of injury **0**
23. Signature **J. T. Edwards** (M. D. or other)
Address **1936a Franklin Ave** Date signed **1/9/47**

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

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.....

Thomas J. Gates.....

Registered Apprentice No.....

working under my personal supervision.

Signed..... *Thomas J. Gates*.....

Licensed Embalmer No. **4259**.....

P. O. Address..... **4107 Finney Ave.**.....

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.