

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3565**  
Registrar's No. **89**

Registration District No. **317** Primary Registration District No. **6076**

1. PLACE OF DEATH:  
(a) County **ST. LOUIS** *Koch*  
(b) City or town *Koch*  
(c) Name of hospital or institution *Koch Hosp*  
(d) Length of stay: In hospital or institution *307 days*  
In this community *all her life*

2. USUAL RESIDENCE OF DECEASED:  
(a) State *Missouri* of County *J.P.*  
(c) City or town *St. Louis*  
(d) Street No. *3027 Temple Ave*  
(e) Citizen of foreign country? *No*

3. (a) PRINT FULL NAME **VELMARIE MINOR**  
3. (b) If veteran, name war *---* 3. (c) Social Security No. *---*  
4. Sex *FEM* 5. Color or race *Col* 6. (b) Single, widowed, married, divorced *Single*  
6. (b) Name of husband or wife *---* 6. (c) Age of husband or wife if alive *---* years  
7. Birth date of deceased *12 - 28 31*

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month *1* day *13* year *1949* hour *7* minute *50 P.M.*  
21. I hereby certify that I attended the deceased from *2-12*, 19*46* to *1-13*, 19*47*  
that I last saw her alive on *1-13-47* and that death occurred on the date and hour stated above.

8. AGE: Years *15* Months *27* Days *16* If less than one day *---* hr. *---* min.

Immediate cause of death *Pulmonary Tuberculosis* Duration *14 mos?*  
Due to *---*  
Due to *---*  
Other conditions *---*  
Major findings: Of operations *---*  
Of autopsy *---*

9. Birthplace *St. Louis Missouri*  
10. Usual occupation *Student*  
11. Industry or business *---*  
12. Name *Daniel Weiss*  
13. Birthplace *Centaur Missouri*  
14. Maiden name *Beatrice Ludwig*  
15. Birthplace *Riverside Ala*  
16. (a) Informant *Levinick Mrs. J. H.*  
(b) Address *Koch Hospital*  
17. (a) *Burial* (b) Date thereof *1/16/47*  
(c) Place: burial or cremation *Greenwood Cemetery*  
18. (a) Signature of funeral director *Charles J. Gates*  
(b) Address *4107 Finney Ave.*  
19. (a) *1-16-47* (b) *Ruth Allen*

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) *---* (e) Means of injury *---*  
23. Signature *Bernard Friedman* (M. D. or other) *---*  
Address *Koch Hosp* Date signed *1/13/47*

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

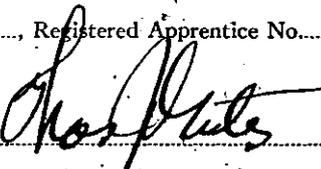
MOTHER FATHER

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.....

  
.....  
Licensed Embalmer No. 4269.....

P.O. Address 4107 Finney......

**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.**