

S. No. 300
M-10-47
V. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17922
4960
Registrar's No. _____

FILED JUN 7 1948

Registration District No. 318

Primary Registration District No. 1003

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

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Minnie Pendress

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years abt - 93 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Illinois
(City, town, or county) (State or foreign country)
Nil

10. Usual occupation _____

MOTHER FATHER
11. Industry or business _____
12. Name Unknown
13. Birthplace "
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Rhodes
(b) Address 2601 N Whittier

17. (a) Anatomical Board Date thereof MAY 31 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Av.

19. (a) MAY 31 1948 (b) J. F. Brunel
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County POU
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1241 N Ninth St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1948 hour 9 minute 20 a. m.

21. I hereby certify that I attended the deceased from Nov. 25 1947 to May 8 1948
and that death occurred on the date and hour stated above.
that I last saw her alive on May 8 1948

Immediate cause of death Arteriosclerotic heart disease
hypertension
Due to _____
Due to _____
Other conditions Diarrhea
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy No
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? _____

23. Signature J. Munton (Specify type of place) _____
Address 2601 N Whittier (c) Means of injury _____
Date signed 5/31/48

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.....

Licensed Embalmer No.....

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.