

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29044**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1978**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryland Heights | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION RURAL | | d. STREET ADDRESS (If rural, give location) 3029 Semple Avenue | |

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|--|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Fannie b. (Middle) _____ c. (Last) Minor | | | 4. DATE OF DEATH (Month) (Day) (Year) 8/16/50 | | |
| 5. SEX Female 3 | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2 | |
| 8. DATE OF BIRTH Unknown 1878 | | 9. AGE (In years last birthday) Abt. 71 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
| 11. BIRTHPLACE (State or foreign country) Delmar, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Isaac Reed | |

| | | | |
|--|--|--|--|
| 13b. MOTHER'S MAIDEN NAME Unavailable | | 14. NAME OF HUSBAND OR WIFE Lee Minor | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clark Davis, 3029 Semple Avenue | | | |

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|--|--|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bowel obstruction | | INTERVAL BETWEEN ONSET AND DEATH 2 days | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. myocarditis | | 5705 7 | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from **Aug 15, 1950** to **Aug 16, 1950**, that I last saw the deceased alive on **Aug 15, 1950**, and that death occurred at **12:15 pm.**, from the causes and on the date stated above.

| | | | | | |
|--|--|---------------------------------------|--|--|--|
| 23a. SIGNATURE Chas. J. Gates (Degree or title) | | 23b. ADDRESS Olive Street Road | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 8/21/50 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 8-18-50 | | REGISTRAR'S SIGNATURE Hubert L. Blanke | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107 Finney Avenue | |
|---|--|---|--|--|--|

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

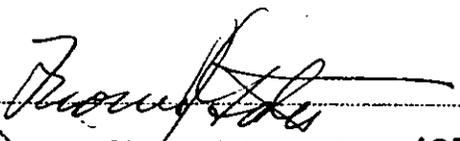
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.