OCT 26 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35322
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis, Mo. Registration District No. 1123
(b) Township Carondelet Primary Registration District No. 6248A
(c) City Lemay (d) Street No. 402 Fannie Ave. Registered No. 399
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Baby Minda (still-born)
(a) Residence, No. 402 Fannie Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27, 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
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OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis Co.
(STATE OR COUNTRY) Lemay, Mo.

FATHER
13. NAME Frank Minda
14. BIRTHPLACE (CITY OR TOWN) Rumannin
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Kate Crisan
16. BIRTHPLACE (CITY OR TOWN) Rumanin
(STATE OR COUNTRY)

17. INFORMANT Frank Minda
(ADDRESS) 402 Fannie Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope DATE Sept 29/37

19. FUNERAL DIRECTOR Fendler Und. Co.
(ADDRESS) 7420 Michigan Ave.

20. FILED Sept 29, 1937 G Mowry
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn (full term)	9/27/37
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John O'Connell M. D.
(Address) Tower Grove

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)