

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

36014
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

(a) County..... Registration District No. **21003**
 (b) Township..... Primary Registration District No.
 (c) City **St. Louis** (d) Street No. **596 I Plymouth Ave.** St.
 (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 Minnie Erna White

(a) Residence, No. **596 I Plymouth Ave.** St. **5** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clearance White		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16, 1878.		
7. AGE YEARS 59	MONTHS 6	DAYS 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework		11. Total time (years) spent in this occupation.....
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).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee		
13. NAME James Green		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee		
15. MAIDEN NAME Mary Ellis		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee		
17. INFORMANT William S. Hesseldenz (ADDRESS) 596 I Plymouth Ave.		
18. BURIAL, CREMATION, OR REMOVAL New St. Peter & Paul DATE Oct. 15/37.		
19. FUNERAL DIRECTOR Jos. W. Clark (ADDRESS) 1125 Hodiamont Ave.		
20. FILED OCT 14 1937 <i>J. Bebeck</i> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 12/37, 19**

22. I HEREBY CERTIFY, That I attended deceased from **Apr. 5, 1927, to Oct. 12, 1937**
 I last saw her alive on **Oct. 12, 1937** Death is said to have occurred on the date stated above, at **4.30 P.M.**
 The principal cause of death and related causes of importance were as follows:
Chronic endocarditis
arteriosclerosis

Other contributory causes of importance:
arteriosclerosis

Name of operation **none** Date of.....
 What test confirmed diagnosis?..... Was there an autopsy **No**

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? **no**
 If so, specify.....
 (Signed) **Edwin B. Mervin**, M. D.
 (Address) **6600 Delmar Blvd.**

Dr. E. P. Melners
6600 Delmar Blvd.
Cab. 5042 I-5--8-8- P.M.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark Licensed Embalmer No. I66I.

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Jos. W. Clark

Licensed Embalmer No. I66I.

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.)