

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
10039453
Do not use this space.

3042

1. PLACE OF DEATH **Homer G Phillips Hospital**
- (a) County..... / Registration District No.....
- (b) Township..... Primary Registration District No.....
- (c) City **St. Louis** (d) Street No. **2601** N Whittier 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. **7** mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Minnie Sanders 536**
- (a) Residence, No. **4036 Rear Evans** St. **11** (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 F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1865			
7. AGE 72	YEARS	MONTHS 10	DAYS 14
		If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil		
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama		
	13. NAME Henry Barnes		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama		
	15. MAIDEN NAME unknown		
			16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**
18. BURIAL, CREMATION, OR REMOVAL
PLACE **St Louis 4** DATE **3-25** 19**38**
19. FUNERAL DIRECTOR **W Richter**
(ADDRESS) **3500 Rutger St**
20. FILE **MAR 30 1938** **J.P. Bledsoe** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 15**, 19 **38**
22. I HEREBY CERTIFY, That I attended deceased from **March 10**, 19 **38**, to **March 15**, 19 **38**
I last saw h. **er** alive on **March 15**, 19 **38** Death is said to have occurred on the date stated above, at **6:40p.m.**

The principal cause of death and related causes of importance were as follows:

Carcinoma of pancreasDate of onset
3/10/38Other contributory causes of importance:
Metastatic carcinoma of liver

- Name of operation..... Date of.....
- What test confirmed diagnosis? **clinical** 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?
If so, specify **A. L. Lewis** M. D.
(Signed).....
(Address) **2601 N Whittier**

DEPARTMENT OF HEALTH

PROBATION DEPARTMENT

STATE OF MISSISSIPPI

SI 10000

SI 10000

SI 10000

SI 10000

SI

SI 10000

SI 10000

SI

SI

SI

SI

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 with the above constitutes grounds for revocation of license.)