

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.

REC'D FEB 10 1939

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

957
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis, Missouri** (d) Street No. **City Sanitarium** St. **957**
(e) Length of residence in city or town where death occurred **34** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ella Minor
(a) Residence, No. **2333 Chouteau Ave.** St. **22**
(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **12-30-1868**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
70 1 —

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
10. Date deceased last worked at this occupation (month and year) **1927 About** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Indiana**

FATHER 13. NAME **James Albert Gregg**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Indiana**

MOTHER 15. MAIDEN NAME **Emaline Reynolds**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Indiana**

17. INFORMANT **Henry C. Gerhand, M.D.**
(ADDRESS) **5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews Cem** DATE **JAN. 31, 1939**

19. FUNERAL DIRECTOR (NAME) **E. J. Gennur**
(ADDRESS) **3125 Lafayette Ave**

20. FILED **JAN 31 1939** **J. B. Brudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-30-39**, 19

22. I HEREBY CERTIFY, That I attended deceased from **7-1-38**, 19, to **1-30-39**, 19.....
I last saw her alive on **1-30-39**, 19..... Death is said to have occurred on the date stated above, at **6:00 A.M.**

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

Cerebral Hemorrhage

1-26-39

Other contributory causes of importance:

Epilepsy (7-1-38x)

Name of operation..... 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? **1**

If so, specify **Henry C. Gerhand**, M. D.

(Address) **5300 Arsenal**

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.....

Joseph B. Hollmer

Licensed Embalmer No. *4014*

P. O. Address

3125 Lafayette Ave

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, above space should be left blank.