

No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4776
1606
Registrar's No.

Registration District No. 701

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips ↑
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 das
(Specify whether _____)
In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 3019 1/2 Hickory
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME 56 Jim Henry Minor

3. (b) If veteran, name war nan 3. (c) Social Security No. 582715600

4. Sex MALE 5. Color or race COL. 6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife MARIE 6. (c) Age of husband or wife if 50 years
7. Birth date of deceased. MARCH 2, 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 10 If less than one day hr. _____ min. _____

9. Birthplace ALA. (City, town, or county) no. (State or foreign country)

10. Usual occupation DRAYMAN.

11. Industry or business DRAYMAN.

MOTHER FATHER { 12. Name SELF JOHN. MINOR.
13. Birthplace ALA. (City, town, or county) no. (State or foreign country)
14. Maiden name MARIE
15. Birthplace ALA. (City, town, or county) no. (State or foreign country)

16. (a) Informant Lucille B. Minor
(b) Address 2813 Lucas Ave.

17. (a) BURIAL (b) Date thereof 2-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OKOLOHA, MISS.

18. (a) Signature of funeral director C. M. Young
(b) Address 2620 Taylor

19. (a) FEB 18 1940 (b) _____
(Date received local registrar) (City, town, or county)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1940 hour 4:50 minute _____ A. M.

21. I hereby certify that I attended the deceased from February 5, 1940 to February 12, 1940; that I last saw him alive on February 12, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of Stomach Duration
hemorrhage 18 mos - 2 yrs

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. J. Lyman (M. D. or other)
Address 2601 N Whittier Date signed _____

2/14/40

WRITE PLAINLY—USE 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 Me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis Mo

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.