No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9419

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2829

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0
7
9

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:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Half Hour (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 9

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3621a Montana Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MINNIE HEROLD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Henry

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 7, (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	5	20	hr. min.

9. Birthplace St. Louis, (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Chas. Jacobs
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Theresa Marshall
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Frieda Moran
(b) Address 3621a Montana

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/31/41 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa St.

19. (a) MAR 31 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1941 hour 5 minute 35 p. M.

21. I hereby certify that I attended the deceased from Jan 10, 1940, to Mch 27, 1941, that I last saw her alive on Mch 27, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	1 day
Due to Coronary Sclerosis	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

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

23. Signature Edw H Eyerman (M. D. ~~or other~~)
Address 2924 S. Grand B Date signed 3/29/41

(Licensed Embalmer's Statement on Reverse Side)

2829

2829

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 Ernest W. Spalding

Licensed Embalmer No. 04080

P. O. Address.....

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.)

If this body is not embalmed, fact should be so stated above.