

FILED MAR 2 1942
Registration District No. 784

Primary Registration District No. 106

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1731 W. Big Bend Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁹⁶

(c) City or town Kirkwood ⁷
(If outside city or town limits, write "RURAL")

(d) Street No. 1731 W. Big Bend Blvd. ³
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____ ^D

3. (a) PRINT FULL NAME Minerva Angeline Ragan

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James / 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 26 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>23</u>	_____ hr. _____ min.

9. Birthplace Dixon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Watson

13. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Davis

15. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Ragan

(b) Address Kirkwood, Mo. R. Route

17. (a) Removal (b) Date thereof 2-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
4700 Washington Ave.

(b) Address _____

19. (a) FEB 20 1942 (b) E. H. Mc Lane
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1942 hour 6 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan-13-42
13 1942 to Feb-18-42 1942
that I last saw her alive on Feb 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death sente cordiae Duration 1 day
detatation

Due to Ca mya cordis Boys

Due to Ca hypertens (intermittent) 15 yrs

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

Major findings: B1 a

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. H. Mc Lane (M. D. or other) D

Address Kirkwood, Mo. Date signed 2-20-42

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.....
.....
Licensed Embalmer No.....
.....
P. O. Address.....

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, fact should be so stated above.