S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1942

Registration District No. 1824

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19117

Primary Registration District No. 200

Registrar's No. 1118

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution: Ferrand St? 1 (If not in hospital or institution, write street number or location)

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

In this community Seven years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. Ferrand St. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME MINERVA WILLIAMS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 3

5. Color or race Col.

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

6. (b) Name of husband or wife Louis Williams

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

7. Birth date of deceased Febuary 3, 1883 (Month) (Day) (Year)

8. AGE: Years 59 | Months 3 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Springfield (City, town, or county) Ky. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ?

FATHER
12. Name Unknown Ashburn
13. Birthplace Elkton (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Courtney Mc Curdy
15. Birthplace Elkton (City, town, or county) Ky. 1 (State or foreign country)

16. (a) Informant Mary Louise Fowler

(b) Address 7571 Buckingham, Clayton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros

(b) Address Lix Ave, Kinloch Mo.

19. (a) MAY 22 1942 (Date received local registrar) (b) C. G. McMillan M.D. (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month no day may year 1942 hour 3 am minute ..... M.

21. I hereby certify that I attended the deceased from 5/2/42 ....., 19..., to 5/20 ....., 19 42 that I last saw her alive on 5/20/42, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to Chr. Nephritis

Due to Asthma

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 D

23. Signature [signature] (M. D. or other) .....

Address 2438 Hyde Date signed .....

(Licensed Embalmer's Statement on Reverse Side) [signature]

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 36 W. Finney

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.