

FILED DEC 21 1942

Registration District No. 192918

Primary Registration District No. 1900

Registrar's No. 10329

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:
3103a Lucas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 30yrs
years, months or days)

3. (a) PRINT FULL NAME Minnie Fagala

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

4. Sex Fe. 5. Color or race 3 Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur Fagala 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt, 61 hr. min.

9. Birthplace Rayville Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name John Edwards

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

14. Maiden name Sylvia Ollison

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

16. (a) Informant Oruelle Cook (Daughter)

(b) Address 3103 Lucas Avenue

17. (a) St. Louis, Mo. (b) Date thereof 12-12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park, Cem.

18. (a) Signature of funeral director People's Und. Co.

(b) Address 3100 Franklin Avenue

19. (a) DEC 11 1942 (b) J. P. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL") 9 21
(d) Street No. 3103a Lucas Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, 7,
year 1942 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 1, 1942
19....., to Dec. 6, 1942, 19.....
that I last saw her alive on Dec. 6, 1942, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia & Hypertensive heart disease
Due to 108 person-
al knowle-
dge 7 days
hist.
Due to 108 given from
11/28/42

Other conditions Gastric Ulcer & ruptured urinary bladder
(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?

While at work? ✓ (Specify type of place) (2) Means of injury 0
23. Signature E. D. Johnson (M. D. or other)
Address 5700 E. Lucas Ave. Date signed 12-8-42

MOTHER FATHER

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

Jatie Gray Pettus

Licensed Embalmer No.

4184

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, fact should be so stated above.