

S. No. 2
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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 15 1943

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2514

96
We
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day, 10hrs, 15 min.
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 631 Cornell Ave.,
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME James Minter

(b) If veteran, name war ?

(c) Social Security No. ?

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced Widower

7. Birth date of deceased: June 14 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 17 If less than one day _____
hr. min.

9. Birthplace Unk. Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation street cleaner

11. Industry or business City of Webster Groves

MOTHER FATHER { 12. Name Peter Minter

13. Birthplace Unk. Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Dotson

15. Birthplace Unk. Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Daisy Walton

(b) Address _____

17. (a) Father Dickson (b) Date thereof 12 4 42
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J. J. Lewis

(b) Address 22 Euclid Webster Groves

19. (a) DEC 3-1942 (b) C. H. McCaran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1942 hour 12 minute :45 A.M.

21. I hereby certify that I attended the deceased from 11-29-42
to 12-1-42

that I last saw him alive on 12-1-42
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory & cardiac failure Duration Miss.?

Due to Chronic endocarditis - generalized arterio-sclerosis myocard

Due to Diabetes mellitus & diabetes gangrene right foot.

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

Major findings: 61

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 Ray L. Laxman (M. D. or other) LOGAN

Address St. Louis County Hosp Date signed 12-8-42

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. 2027

P. O. Address Webster Groves

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.