

FILED MAY 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

16666

4530

Registration District No. 212

Primary Registration District No. 1003

Registrar's No.

## 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:  
McBartlett  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community..... 13 Days  
 years, months or days (Specify whether

3. (a) PRINT  
FULL NAMEMinnie M. Province  
Minnie M. Province3. (b) If veteran,  
name war.....No3. (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.....  
Francis Province  
 6. (c) Age of husband or wife if  
alive..... 66 years  
 7. Birth date of deceased..... June 1879  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>70</u>	<u>11</u>	<u>11</u>		hr. min.

9. Birthplace..... Hazelwood, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business..... House wife12. Name..... Joab A. Fawcett13. Birthplace..... Massachusetts  
(City, town, or county) (State or foreign country)14. Maiden name..... Mary J. Bequith15. Birthplace..... St. Louis, Mo  
(City, town, or county) (State or foreign country)16. (a) Informant..... Francis Province(b) Address..... Potomac, Mo R 2(c) Place: burial or cremation..... Hazelwood, Mo18. (e) Signature of funeral director..... J. S. Sparks19. (a) (Date received local registrar)..... MAY 16 1944  
(b) (Registrar's signature)..... J. S. Sparks

## 2. USUAL RESIDENCE OF DECEASED:

(a) State..... MISSOURI (b) County..... 110  
 (c) City or town..... POTOSI  
 (If outside city or town limits, write "RURAL")  
 (d) Street No..... ROUTE No 2 NR  
 (If rural, give location)  
 (e) Citizen of foreign country?..... 1 (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 5 - day..... 14  
year..... 44 hour..... 3:30 minute..... M.21. I hereby certify that I attended the deceased from.....  
5-1-44 19..... to..... 5-14 19.....  
that I last saw her..... alive on..... 5-14 19.....  
and that death occurred on the date and hour stated above.Immediate cause of death.....  
Myocarditis, Chronic  
ascites

Due to.....

Due to.....

Other conditions..... Gen sclerema  
(Include pregnancy within 3 months of death)Major findings:  
Of operations.....

Of autopsy.....

## 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..... R. K. Anderson (M.D. or other)Address..... 4932 Maryland Date signed..... 5-16-44

**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

*Howard P. Rawland*

Licensed Embalmer No. *3114*

P. O. Address

*St Louis*

**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.**