

FILED SEP 30 1944

Registration District No. 318

Primary Registration District No. 1003

8037

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:
Homer Phillips (Levent)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **3** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Hattie Miner**

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

4. Sex **F** 3 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Charles Miner** 6. (c) Age of husband or wife if alive **83** years

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

8. AGE: Years Months Days If less than one day
68 hr. min.

9. Birthplace **Madison Ark.** (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name **Abe White**
13. Birthplace **Ark.** (City, town, or county) (State or foreign country)
14. Maiden name **Rose**
15. Birthplace **Ark.** (City, town, or county) (State or foreign country)

16. (a) Informant **Jessie Walker**
(b) Address **4632 Evans Avenue**

17. (a) **Burial** (b) Date thereof **9-21-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (c) Signature of funeral director **A. L. Beal Und. Co**
(b) Address **2726 Lucas Avenue**

19. (a) **SEP 19 1944** (Date received local registrar) **J. H. Bradeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4632 Evans Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **12**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **16**
year **44** hour **1** minute **50 A.M.**

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Thrombosis

Due to.....

JH

Due to.....

Other conditions (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)..... (c) Means of injury **3**

23. Signature **Dr. Alfred J. Perry** (M. D. or other) **3**
Address **Deputy Coroner** Date signed **9-19-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8-43
17-39
X37823

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 *J. Richardson*
Licensed Embalmer No. *2928*
P. O. Address *City*

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. octRegistration District No. 318Primary Registration District No. 1003Registrar's No. 8037

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:

(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)3. (a) PRINT
FULL NAMEMatthe miner3. (b) If veteran,
name war.....3. (c) Social Security
No.....4. Sex F 5. Color or
race B 6. (a) Single, widowed, married,
divorced.....6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day.....min.

9. Birthplace Madison, Ark.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business.....

12. Name.....
13. Birthplace.....
(City, town, or county) (State or foreign country)14. Maiden name.....
15. Birthplace.....
(City, town, or county) (State or foreign country)16. (a) Informant.....
(b) Address.....
17. (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation.....
18. (a) Signature of funeral director.....(b) Address.....
19. (a) OCT 5 1948 J. F. Bredek
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 1948
year 1948 hour..... minute..... M.21. I hereby certify that I attended the deceased from..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions.....
(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:

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 (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..... (M. D. or other).....
Address..... Date signed.....

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

MOTHER FATHER

29640