V. S. No. 2
100M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31784

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 1941

16
9
3

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hosp
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Rock Hill 14
(If outside city or town limits, write "RURAL")
(d) Street No. 9216 Shortridge Ave. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lawrence Royal Minor Minor

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Baby 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 17, 1944 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 4 hr. 30 min.

9. Birthplace Richmond Heights (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Baby

11. Industry or business

FATHER
12. Name James R. Minor
13. Birthplace Zeigler (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Helen Micka
15. Birthplace Jefferson City (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant James R Minor
(b) Address 9216 Shortridge Rock Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul Cem

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Maplewood, Mo.

19. (a) SEP 20 1944 (Date received local registrar) (b) E. G. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18th
year 1944 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from Sept 17th, 1944, to Sept. 18th, 1944.
that I last saw him alive on Sept 17th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Due to 196 days gestation.
Due to Viability not possible.
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 159

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Harvey Oel MD (M. D. or other) MD
Address 2816 Sutton Ave Date signed 9/18/44

(Licensed Embalmer's Statement on Reverse Side)

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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.