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

#22032

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22258

State File No. 6721

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) In this community 27 Years In St Louis

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")
(d) Street No. 3153 Halliday St 9 (If rural, give location) 1
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie McVey
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife William Mc Vey
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Feb 9 1878 (Month) (Day) (Year)
8. AGE: Years 67 Months 5 Days 20 If less than one day hr. min.
9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
MOTHER FATHER
12. Name Reinholdt Drosten
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Mary Baker
15. Birthplace Illinois (City, town, or county) 1 (State or foreign country)
16. (a) Informant William Mc Vey
(b) Address 3153 Halliday St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1st/45 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles
18. (a) Signature of funeral director Thompkins & Son
(b) Address 3906 Gravois Ave
19. (a) JUL 31 1945 (Date received local registrar) (b) J. F. Redeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1945 hour 7/20 minute P M.
21. I hereby certify that I attended the deceased from 7/26/45, 19..., to 7/29/45, 19...; that I last saw her alive on 7/29/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 108
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Herbert C. Fritz (M. D. or other)
Address 1515 Lafayette Date signed 7/30/45

(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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Grasso

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.