S. No. 2
DM—2-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

Registration District No. 1 0518

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7984

Primary Registration District No. 1003

Registrar's No. 1561

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

6934

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 227 Mills St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Minnie Stotler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife James Stotler

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased Feb. 1, 1882 (Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days ~~8~~ 12 If less than one day hr. min.

9. Birthplace Jackson, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charlie Washington
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Jack Daniels
(b) Address Cape Girardeau, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb.13,1946 (Month) (Day) (Year)
(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director F. J. Sparks
(b) Address Cape Girardeau, Mo.

19. (a) FEB 15 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13th
year 1946 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death 1st 2nd 3rd degree
[illegible] of about 50% of body
when her night gown became
Due to ignited while smoking
a pipe in her home about
Due to one o'clock A.M. Feb 13th 1946

Duration

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:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Feb. 13 1946
(c) Where did injury occur? Cape Girardeau (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury As above

23. Signature Patrick E. Hughes (M. D. or other)
Address Ply Ex Date signed 2/15/46

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.