

No. 2  
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-17-39  
X39897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 16 1946  
Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 615

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days  
(Specify whether years, months or days)

In this community 5 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town South Kinloch 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 43 Denham 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LULA MINTERS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th  
year 1946 hour Six minute 35 P.M.

4. Sex Female 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Minters 6. (c) Age of husband or wife if alive 6 years 1883  
(Day) (Year)

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

21. I hereby certify that I attended the deceased from February 18, 1946, to March 7th, 1946;  
that I last saw her alive on March 7th, 1946;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>2</u>	<u>1</u>	_____ hr. _____ min

Immediate cause of death Carcinoma of breast  
Duration 1 yr?

9. Birthplace Greenwood Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation None

Due to \_\_\_\_\_ 50

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Wallace Gilmore

13. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name Janie Smith

15. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Anna Giggins

(b) Address 43 Denham, So. Kinloch

17. (a) Burial (b) Date thereof 3-13-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemo

18. (a) Signature of funeral director [Signature]

(b) Address So Kinloch, Mo

19. (a) 3/13/46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature Wm. Carter (M. D. or other) [Signature]  
Address 601 Brentwood, Clayton Date signed 3-8-46

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

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.....

working under my personal supervision.

*Edward A. Reynier*

Registered Apprentice No.

*397*

Signed

*Ames A. Quinon*

Licensed Embalmer No.

*3522*

P. O. Address

*3704 Quincy Ave*

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.