

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13668**
Registrar's No. **27**

FILED MAY 13 1946
Registration District No. **160**

Primary Registration District No. **2592**

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

1. PLACE OF DEATH:

(a) County **Jefferson**

(b) City or town **Herculaneum**
(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 **50 years**
years, months or days

3. (a) PRINT FULL NAME **Minnie Walker**

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex **Female** 5. Color or race **Colored**

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

6. (b) Name of husband or wife

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

7. Birth date of deceased **June 5 1878**
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|-----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| 67 | 10 | 10 | hr. _____ min. |

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

10. Usual occupation **Housework**

11. Industry or business **own Home**

12. Name **Jim Burks**

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

14. Maiden name **unknown**

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

16. (a) Informant **Anthony Kuder**

(b) Address **Narcis Queen St**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 18 1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **Herculaneum, Mo.**

18. (a) Signature of funeral director **Henry R. Pelette**

(b) Address **Crystal City, Mo.**

19. (a) **April 15 1946** (Date received local registrar) (b) **Albain Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **50**

(a) State **Missouri** (b) County **Jefferson**

(c) City or town **Herculaneum**
(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 **April** day **15**
year **1946** hour **12** minute **05 AM**

21. I hereby certify that I attended the deceased from **Mar 1, 1946** to **April 15, 1946**
that I last saw her alive on **April 15, 1946**
and that death occurred on the date and hour stated above.

| | |
|---|--|
| Immediate cause of death | Duration |
| Cancer of throat | 6 mo. |
| Due to Metastasis | 2 mo. |
| Due to U | |
| Other conditions <small>(Include pregnancy within 3 months of death)</small> | |
| Major findings: Of operations None | PHYSICIAN Underline the cause to which death should be charged statistically. |
| Of autopsy None 458 | |

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? _____

23. Signature **Ernest J. ...** (Specify type of place) (e) Means of injury
Address **...** Date signed **4/17/46**

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.....

Gentry R. Jollette

Licensed Embalmer No. *3481*

P. O. Address *Crystal City, Mo.*

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.