

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7036**
Registrar's No. **1639**

FILED FEB 24 1947

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 Months**
(Specify whether years, months or days)

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

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

4. Sex **F.** / 5. Color or race **W.**

6. (a) Single, widowed, married, divorced **W. 21**

6. (b) Name of husband or wife **Wm.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 11, 1873.**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	0	4	_____ hr. _____ min.

9. Birthplace: Quincy Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: ? Morning

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: Raymond Tendick

(b) Address: 2643 High School Drive

17. (a) Burial (b) Date thereof **Feb. 16, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Marcus

18. (a) Signature of funeral director: Jay B. Smith

(b) Address: 7456 Manchester, Maplewood Mo.

19. (a) FEB 17 1947 (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **Brentwood**
(If outside city or town limits, write "RURAL")

(d) Street No. **1122 Benton**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **17th**
year **1947** hour **2:15** minute **A** M.

21. I hereby certify that I attended the deceased from 1/11/47
_____, 19____, to **2/17/47**, 19____;
that I last saw her alive on **2/17/47**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Carcinomatosis**

Due to **Carcinoma of Rectum**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **Same**

Of autopsy **Same**

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) (e) Means of injury _____

23. Signature: J. F. Dalton (M.D. or other) _____

Address **1515 Lafayette** **2/17/47** signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

96
9
NR
1

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

Signed.....

David C. Gibson

Licensed Embalmer No.....

2954

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.