No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29264

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7981

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 2026 Victor St.
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Pleasant Hope
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Minerva Looney

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

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

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

7. Birth date of deceased February (Month) 18 (Day) 1859 (Year)

8. AGE: Years 88 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
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 Lulu Walther
(b) Address 4961 Laclede Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hope, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) AUG 22 1947 (Date received local registrar) (b) J. F. Brecel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19 year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 3rd, 1947, to Aug 19, 1947 and that I last saw him alive on Aug 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility	2
Malnutrition	3 months
Due to: Arterio-sclerosis	2
Hypertension	2
Due to: Cardiac decompensation	1 month
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 William H. Brodder (M. D. or other) MD
Address 1225 Olive Date signed 8/21/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

VS - AUG 7 1959

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 Ernest W. Spillard

Licensed Embalmer No. 4080

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.