No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1947

Registration District No. 318

Primary Registration District No. 1003

State File No. 29328

Registrar's No. 7688

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: 1010 Marion
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington 110

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

(d) Street No. Route 1 0
(If rural, give location)

N.R. 1

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

If yes, name country

3. (a) PRINT FULL NAME Julia Minx

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 2

6. (b) Name of husband or wife Thomas Minx

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

7. Birth date of deceased March (Month) 15 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	4	26	hr. min.

9. Birthplace Washington Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant John Minx
(b) Address Cadet, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Potosi, Mo.

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi, Mo.

19. (a) AUG 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11
year 47 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 1-1-46, to 8/11 1947;
that I last saw h— alive on 19—;
and that death occurred on the date and hour stated above.

Immediate cause of death Myo Cardetis — Duration 2 yrs

Due to Hypertension — 2 yrs

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

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 0

23. Signature J. W. Barker (M. D. or other)

Address 1504 S Jefferson Date signed 8/12/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 26 1947

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. John S. Kennedy

Licensed Embalmer No. 4194

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.