No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

Registration District No. 5/7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 29942

Registrar's No. 1915

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Wellston's
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2135 69th St.
(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 St. Louis 96
(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2135 69th St. 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mary Anna Belle Minton
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife John W. K. Minton
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April (Month) 25 (Day) 1868 (Year)

8. AGE: Years 79 Months 4 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Jonesboro, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name Walter K. Underwood 7
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Nipper 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Miss Ora E. Minton
(b) Address 2135 69th St.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation Alto Pass, Illinois
18. (a) Signature of funeral director Drehmann- Harral
(b) Address 1905 Union Blvd.
19. (a) 9-9-47 (Date received local registrar) (b) [signature] (Registrar's signature) MS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4, year 1947 hour 7:15 minute A. M.
21. I hereby certify that I attended the deceased from May 1st 1944, 19.... to Sept 4th, 1947 that I last saw her alive on September 3rd, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aortic Stenosis	1 year
Due to Arterio Sclerosis	5 years
Due to 92a	
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) no
(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 — A
23. Signature J F Gallagher (M. D. ~~or other~~)
Address 3903 Olive Date signed 9/5/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Motor

Wall Bldg. (3903 Olive)

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 Warren A. Carver

Licensed Embalmer No. 3534

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.