

U. S. No. 2
Form—1/47
Rev. 5-17-39

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43179**
Registrar's No. **11419**

FILED DEC 22 1947 **318**

Registration District No. **318**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital..... **Finland DeLooge Hospital 0**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **17 days**
(Specify whether

In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis**
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No..... **1854 S. 9th St.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Minnie Jones**
 3. (b) If veteran, name war..... **--**
 3. (c) Social Security No. **493-20-0479**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Dec** day..... **12th**
 year..... **1947** hour..... **7** minute..... **50 A.M.**

4. Sex..... **Female** 5. Color or race..... **White**
 6. (a) Single, widowed, married, divorced..... **Widow 2**
 6. (b) Name of husband or wife..... **Charles M.**
 6. (c) Age of husband or wife if alive..... **--** years
 7. Birth date of deceased..... **Nov. 24 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... **Nov 25**
, 19 **47** to..... **Dec 12** 19 **47**
 that I last saw her..... alive on..... **Dec 11th** 19 **47**
 and that death occurred on the date and hour stated above.
 Duration.....

8. AGE: Years Months Days If less than one day
79 **0** **18** hr. min.

Immediate cause of death.....
Bronchopneumonia and inanition
 Due to..... **Carcinoma of body of uterus & metastases to uterine tubes, broad ligament & ovary & aortic glands**
 Duration..... **6 days 6 weeks**
 Uncertain

9. Birthplace..... **St. Louis Missouri 0**
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy)
 ① Hypertensive C-Vascular uncertain
 ② Diaphragmal arteriosclerosis
 ③ Large Decubitus ulcer over sacrum
 PHYSICIAN

10. Usual occupation..... **Home**

11. Industry or business.....
 12. Name..... **Unknown**
 13. Birthplace..... **Unknown Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name..... **Unknown**
 15. Birthplace..... **Unknown Unknown**
(City, town, or county) (State or foreign country)

Major findings: Of operations.....
none
 Of autopsy..... **As of above**

16. (a) Informant..... **Charles Jones**
 (b) Address..... **1854 S. 9th St.**

17. (a)..... **Cremation** (b) Date thereof..... **12/15/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Missouri Crematory**

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.....

18. (a) Signature of funeral director..... **Wacker-Helderte**
 (b) Address..... **3634 Gravois Ave.**

23. Signature..... **J. F. Bredbeck** (M. D. or other).....
 Address..... **1325 S. Grand** Date signed..... **12/12/47**

19. (a)..... **DEC 15 1947** (b)..... **J. F. Bredbeck**
(Date recorded local registrar) (Registrar's signature)

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 Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address Waukegan

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.