

FILED MAY 11 1948
Registration District No.

Primary Registration District No. 1003

Registrar's No. 4098

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

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 14 days
(Specify whether

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

3. (a) PRINT FULL NAME Minnie A. Dover.

3. (b) If veteran, name war..... None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

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

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

7. Birth date of deceased..... April 2, 1868.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>0</u>	<u>27</u> hr. min.

9. Birthplace..... De Sota, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation..... Musician

11. Industry or business.....

12. Name..... Bonaparte Dover.

13. Birthplace..... Indiana.
(City, town, or county) (State or foreign country)

14. Maiden name..... Nancy J. Lollar.

15. Birthplace..... St. Louis Co. Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Mary B. Stegmann.

(b) Address..... 5941 Cote Brilliant Avenue.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof..... 5-1-1948.
(Month) (Day) (Year)

(c) Place: burial or cremation..... Valhalla Cemetery.

18. (a) Signature of funeral director..... Geo. L. Pleitsch, Inc.

(b) Address..... 5966-68 Easton Avenue.

19. (a) APR 30 1948 (Date received local registration)

(b) J. J. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... oas

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No..... 6 5941 Cote Brilliant Avenue.
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 29th.

year..... 1948 hour..... 11 minute..... 45 A.M.

21. I hereby certify that I attended the deceased from..... 8-1 1948, to..... 4-29 1948.

that I last saw him..... alive on..... 4-29 1948 and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary infarct

Duration..... 8 days

Due to..... 1941

Due to.....

Other conditions..... Post Venous infection of Thrombus and upper respiratory tract with mycoplasma Chl
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... d

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..... d

23. Signature..... Wm. Wright (M. D. or other)

Address..... 8201 N. Broadway Date signed..... 4/30/48

Dr. Wm. A. Knight.
8201 N. Broadway.
Hours 11 to 1 P.M.
Telephone Goodfellow 5888

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

Herbert McNeary

Licensed Embalmer No.

3732

P. O. Address

St. Louis

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.