

No. 300
1-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17844
4672
Registrar's No. _____

FILED JUN 1 1948 318
Registration District No. _____

Primary Registration District No. 1003

WRITE PLAINLY—USE 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: Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days 0
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lucinda Minor
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 3 5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Park Minor 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Dec. 4 1898
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 14
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Rodger
13. Birthplace Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Rainey / Davison
15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Park Minor
(b) Address 2353 Spruce

17. (a) BURIAL (b) Date thereof May 22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director L. G. Green
(b) Address 4214 Delmar

19. (a) MAY 23 1948 (b) J. F. Braneck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2353a Spruce 9
22 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1948 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 30 1948 to May 18 1948
that I last saw h er alive on May 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Probable G. I. Malignancy
Gastro-Intestinal Duration Undet.

Due to _____

Due to _____

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

PHYSICIAN
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Oscar L. Daniel (M. D. or other _____)

Address 2647 1/2 Whittier Date signed 5/19/48

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.....

Gayton W. Swan, Registered Apprentice No. *101*
.....
working under my personal supervision.

Signed.....

F. A. Green

Licensed Embalmer No. *2963*

P. O. Address *4214 Dolan*

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.