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U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38269
Registrar's No. 10102

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G Phillips Hospital
(d) Length of stay: 31 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 1822 Biddle
(e) Citizen of foreign country? No

3: (a) PRINT FULL NAME Minnie James
3. (b) If veteran, name war
3. (c) Social Security No. unk.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 16
1948 hour 7 minute 50 P M.
21. I hereby certify that I attended the deceased from Oct. 15 1948 to Nov. 16 1948
that I last saw her alive on Nov. 16 1948
and that death occurred on the date and hour stated above.

4. Sex Female 3
5. Color or race Negro
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 12 14 1892 (Month) (Day) (Year)

Immediate cause of death Organic Brain Disease
Duration Undet.
Due to
Due to
Other conditions None
Major findings: Of operations
Of autopsy No

8. AGE: Years 55 Months 11 Days 2
9. Birthplace Haults, Miss.
10. Usual occupation Housewife

MOTHER FATHER
12. Name Will Jones
13. Birthplace unk. Miss.
14. Maiden name Vania Lusk
15. Birthplace Haults Miss.

16. (a) Informant James Hill
(b) Address King B 24028
17. (a) Burial (b) Date thereof Nov. 22 1948
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Boyd Brock
(b) Address 3704 Finney Ave.
19. (a) NOV 22 1948 (b) J. B. Parater

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?
(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 Herbert J. Greving (M. D. or other)
Address 2601 N. Colburn Date signed 11/17/48

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

True

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.....

Albert G. Tate

Registered Apprentice No. *107*

working under my personal supervision.

Signed *Edward A. Flynn*

Licensed Embalmer No. *4444*

P. O. Address *4548th Paq*

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.

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