

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25117  
6758

FILED AUG 13 1949

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>608 Bates St.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anne</b> b. (Middle) <b>Minnigerode</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 2, 1949</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Nov. 1, 1863</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Patrick Maloney</b>	13b. MOTHER'S MAIDEN NAME <b>Johanna McCarthy</b>	14. NAME OF HUSBAND OR WIFE <b>August Minnigerode</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. R. C. Knaup</b>	ADDRESS <b>6111 Tennessee</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Fr. right hip; Aortic + Mitral Stenosis; suffered when deceased fell from a chair to the wooden floor while visiting at the home of her daughter</b>		
	II. OTHER SIGNIFICANT CONDITIONS <b>at 4390 West Pine Blvd on July 30 1949 at about 2:15 pm</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>(19) Accident</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo 1863</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 30 49 2:15 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fall from chair</b>
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22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Patrick E. Taylor Cor 2</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>8-3-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-4-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>AUG 3 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Lassiter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>	ADDRESS <b>6322 S. Grand Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*M. J.*

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*David Van Fossen*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4242*

P. O. Address *632 20th Street*

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.