

FILED MAY 13 1955

STANDARD CERTIFICATE OF DEATH

State File No. 13999

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3846

1. PLACE OF DEATH
a. COUNTY 2615a Olive St.
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. c. LENGTH OF STAY (In this place) 10 Yrs.
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2615a Olive Str STREET ADDRESS (If rural, give location) 21 2615a Olive St. 2219

3. NAME OF DECEASED (Type or Print) a. (First) Minerva b. (Middle) _____ c. (Last) Washington 4. DATE OF DEATH (Month) (Day) (Year) 4 27 1955

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (Specify) Married 8. DATE OF BIRTH (Abt.) 3-6 1901 9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months 1 Days 21 IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Paducah, Kentucky 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Henry Goldston 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Will Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. - 17. INFORMANT'S SIGNATURE OR NAME Ruth Rogers ADDRESS 1520 Goode Av.

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, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia INTERVAL BETWEEN ONSET AND DEATH 4-23-55
ANTECEDENT CAUSES
DUE TO (b) Unknown
DUE TO (c) Unknown
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION None 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 490X

22. I hereby certify that I attended the deceased from 4-23-55 1955 to 4-27-55 1955, that I last saw the deceased alive on 4-27-55 1955, and that death occurred at 7 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS 2328 Market Street 23c. DATE SIGNED 4-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 2, '55 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. APR 30 1955 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE Peoples Und. Co. ADDRESS Jordan W. Chambers 3100 Franklin

(Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *M. Claude Gorda*.....

Licensed Embalmer No. *34*.....

P. O. Address *4575A*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.