

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046065

STATE FILE NUMBER 12627

FILED JAN 12 1959

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

S. 300  
- 1-57  
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peoples Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 5549 Wabada
3. NAME OF DECEASED (Type or print) First Middle Last Parks Lee Minor			4. DATE OF DEATH Month Day Year 12 - 26 - 58
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 28, 1899
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cobbler	11. BIRTHPLACE (City and state or country) Arkansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cobbler		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John Minor		13b. MOTHER'S MAIDEN NAME Ruthie	14. NAME OF HUSBAND OR WIFE Tarlease Minor - 5549 Wabada
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 492017599	17. INFORMANT Tarlease Minor - 5549 Wabada Avenue
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uremia lower nephron nephrosis lower Nephron Nephrosis undetermined Undetermined			INTERVAL BETWEEN ONSET AND DEATH 4 days 2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11-2-57 to 12-26-58 and last saw him alive on 12/26/58 Death occurred at 2:35 AM on 12/26/58 at the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. J. Williams (Degree or title) M.D.		22b. ADDRESS 4701 A St. Louis Ave.	22c. DATE SIGNED 12/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-3-59	23c. NAME OF CEMETERY OR CREMATORY Greenwood
23d. LOCATION (City, town, or county) St Louis Co. Mo		23e. DATE RECD. BY LOCAL REG. DEC 29 '58	
24. FUNERAL DIRECTOR E. B. Kance		25. DATE RECD. BY LOCAL REG. DEC 29 '58	
26. REGISTRAR'S SIGNATURE Paul Smith		26. REGISTRAR'S SIGNATURE mjs	

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 *Ernest Cross* .....

Licensed Embalmer No. 4755 .....

P. O. Address 1221 N. Grand .....

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.