

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 25 1960

=60-021301

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5106** STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 35 Yrs. | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarinate Word | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2433 McNair Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First DOLORES Middle ELIZABETH Last MINOR | | | 4. DATE OF DEATH Month May Day 13 , Year 1960 | |
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|-------------------------|----------------------------------|---|------------------------------------|-------------------------------------|---|------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/17/18 | 9. AGE (last birthday) 42 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Topeka, Kansas | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Robert Fitzpatrick | 13b. MOTHER'S MAIDEN NAME Irene Metger | 14. NAME OF HUSBAND OR WIFE Fred Minor |
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| 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. Yes(Unk) | 17. INFORMANT Address Fred Minor, 2433 McNair, St. Louis |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ac Myocard. Infarct | | INTERVAL BETWEEN ONSET AND DEATH 18 Hrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) | DUE TO (b) DUE TO (c) 586x | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gall Bladder operation May 12 - 1960 | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) |
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| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Month, Day, Year |
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| 20d. INJURY OCCURRED WHILE AT WORK <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.) May 6 | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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21. I attended the deceased from **May 6** to **May 13** and last saw her/him alive on **May 13**
Death occurred at **2 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Ralph Berg (Degree or title) | 22b. ADDRESS 3203 S Grand | 22c. DATE SIGNED 5/14/60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 5/16/60 | 23c. NAME OF CEMETERY OR CREMATORY National | 23d. LOCATION (City, town, or county) Jeff. Brk's., Mo. |
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| 24. FUNERAL DIRECTOR ADDRESS McLaughlin, 2301 Lafayette St. Louis, Mo. | 25. DATE RECD. BY LOCAL REG. MAY 16 1960 | 26. REGISTRAR'S SIGNATURE Carl Smith, M.D. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

m JB

Dr. R. Berger

3203 S. GRAND

PR. 37857

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *James R. Chapp*

Licensed Embalmer No. *515*

P. O. Address *St. Louis*

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.