MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-042717
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11082

FILED DEC 1 1961

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Louis — Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Saint Mary's Infirmary — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY

c. CITY OR TOWN: Saint Louis — Inside Limits: Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location): 2818 Warne — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: not named Middle: Last: Minor

4. DATE OF DEATH: Month: Nov. Day: 23, Year: 1961

5. SEX: Male ~~Female~~

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Nov. 23, 1961

9. AGE (last birthday) — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours 4 Min. 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Saint Louis, Missouri

12. CITIZEN OF WHAT COUNTRY: America

13a. FATHER'S NAME: Roosevelt Pearl Minor

13b. MOTHER'S MAIDEN NAME: Verlean Foster

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: x Verbon Minor — Address: 2818 Warne

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 776x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Nov. 23, 1961 at 4:30 Am, to Nov. 23, 1961 at 7:35 Am and last saw her/him alive on Nov. 23, 1961 at 7:35 am
Death occurred at 7:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. M. Turner, M.D.

22b. ADDRESS: 3861 St. Louis

22c. DATE SIGNED: 11-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 29 Nov. 1961

23c. NAME OF CEMETERY OR CREMATORY: Calvary

23d. LOCATION (City, town, or county): St. Louis (State): Mo.

24. FUNERAL DIRECTOR: B. Toone — ADDRESS: 2221 North Grand Blvd.

25. DATE RECD. BY LOCAL REG.: NOV 28 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

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 Not Embalmed, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 1221 N. S

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.