N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

AUG 25 1936

Do not use this space. 0

27844

File No.
Registered No. 146

1. PLACE OF DEATH
County St. Louis
Township St. Ferdinand
City Nold Water Creek (No. , St. Ward)

Registration District No. 784
Primary Registration District No. 6030

2. FULL NAME Hosa Mintz
(a) Residence, No. 1117 N. 16th str. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillian Mintz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 4th 1914

7. AGE: Years 22 | Months 8 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: stockard Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

FATHER
13. NAME: Airse Mintz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

MOTHER
15. MAIDEN NAME: Jannie Moon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

17. INFORMANT: Airse Mintz
(ADDRESS) 2807 Bernard

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 7/26 1936

19. UNDERTAKER Garner Funeral Home
(ADDRESS) 2829 Washington Ave.

20. FILED 7/21 1936 W. A. Zeitler Registrar.
A. B. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/19/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12 noon.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drowning while in swimming with other friends in Cold-water Creek, St. Ferdinand Township, Was on picnic with other members from the Hausmann Wholesale Gro. Co. Sank twice before anyone could get to him. Body recovered 30 min. after he went under.	
Other contributory causes of importance:	
Secondary: Accidental drowning while in swimming.	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No
Coroner's view

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Luke B. Turner 7/20/36, M. D.
(Address) 3718 Jennings Rd.
Geo. D. Young Co., St. Louis