

FEB 12 1938

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

956
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1008
(c) City St. Louis, Mo. (d) Street No. Cimiterium St. 812
(e) Length of residence in city or town where death occurred / yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. Unknown
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME George Minch 520

(a) Residence, No. No Home St. X
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 59 - -

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT W.L. Moore, M.D.
(ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U. DATE 1-19-38

19. FUNERAL DIRECTOR W. Richter
(ADDRESS) 3500 Rutger

20. FILE JAN 24 1938 J. Debeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15/38 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10/38 19, to Jan. 15/38 19
I last saw him alive on Jan 14/38 19. Death is said to have occurred on the date stated above, at 7.00 p. M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

1-10-38x
gzc

Other contributory causes of importance:
Broncho-pneumonia 1-13-38
Multiple Neuritis (Alcoholic ?) 1-10-38x

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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) W. L. Moore, M.D. M. D.
(Address) 5400 Arsenal St.

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)