

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

4707
Do not use this space.

**791
1003**

Registered No. **1400**

1. PLACE OF DEATH **REC'D MAR 13 1939**

(a) County **St. Louis** Registration District No. **1**
 (b) Township **1** Primary Registration District No. **1**
 (c) City **St. Louis, Missouri** (d) Street No. **BARNES HOSPITAL** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME **DR. Weber W. Minges**
 (a) Residence, No. **7218 Forsythe** St. **WA** **University City, Missouri**
 (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 **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Clara Minges**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 11, 1884**
 7. AGE YEARS **54** MONTHS **9** DAYS **1** If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Dentist**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St Louis** (STATE OR COUNTRY) **Mo**

FATHER 13. NAME **Herman Minges**

14. BIRTHPLACE (CITY OR TOWN) **Alsace Lorraine** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Unknown Weber**

16. BIRTHPLACE (CITY OR TOWN) **St Louis** (STATE OR COUNTRY) **Mo**

17. INFORMANT **Mrs Clara Minges** (ADDRESS) **7218 Forsythe Blvd**

18. BURIAL, CREMATION, OR REMOVAL PLACES **Bellefontaine** DATE **2-15-39**

19. FUNERAL DIRECTOR (NAME) **Weyrauch Mortuary** (ADDRESS) **4228 So. Peppercorn**

20. FILE **FEB 13 1939** **J. P. Blodgett** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-12-39**

22. I HEREBY CERTIFY, That I attended deceased from **2-6-39**, 19... to **2-12-39**, 19...
 I last saw him alive on **2-12-39**, 19... Death is said to have occurred on the date stated above, at **7:20 p.m.**
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Diagnosis: Heart Disease
 Date of onset
 Other contributory causes of importance:

Name of operation **None** Date of...
 What test confirmed diagnosis? Was there an autopsy? **Yes**

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) **Wm. D. Thompson** M. D.
 (Address) **BARNES HOSPITAL**

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

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Edwin D. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address

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 this body is not embalmed, above space should be left blank.