DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D NOV 13 1939 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34174

State File No. 8713 ~~3012~~

Registration District No. 1008

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 9 days. (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DEASCED:

(a) State Missouri (b) County

(c) City or town St. Louis [7]
(If outside city or town limits, write "RURAL")

(d) Street No. 4006 m Shenandoah
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Minter 526

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hillie Carter Minter

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb. (Month) 27 (Day) 1870 (Year)

8. AGE: Years 69 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Shoe Repair

11. Industry or business

FATHER 12. Name Hulburt Minter

FATHER 13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER 14. Maiden name Katurak Armstrong

MOTHER 15. Birthplace Irishberg (City, town, or county) Virginia (State or foreign country)

16. (a) Informant's own signature L. Weggendorf

(b) Address 5300 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12/39 (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cem.

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 So. Grand Blvd.

19. (a) OCT 12 1939 (Date received local registrar) (b) J. T. Buchek (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9, year 1939 hour 1:30 minute p.m. M.

21. I hereby certify that I attended the deceased from July 1, 1939, 19..., to Oct. 10, 19 39 that I last saw her alive on Oct/ 10, 19 39 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronory Thrombosis 10-9-39	
Due to:	
Due to: Generalized Arteriosclerosis	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: No	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul T. Hartman (M. D. or other)

Address 5300 Arsenal Date signed 10-9-39

(Licensed Embalmer's Statement on Reverse Side)

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 Harry A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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