

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

NOV 13 1939

34513

State File No.

Registrar's No.

9051

Registration District No.

791
1003

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo Pacific Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 452 Columbia Place (If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME

Edward H. Minton 335

(b) If veteran, name war

no.

(c) Social Security No.

718-07-6577

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23 year 1939 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 10/23, 1939 to 10/23, 1939; that I last saw him alive on 10/23, 1939; and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gertrude Minton 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased (Month) March (Day) 4 (Year) 1879

8. AGE: Years 60 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Jackson, Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business M. and O. Ry.

12. Name A. B. Minton

13. Birthplace Va. (City, town, or county) (State or foreign country)

14. Maiden name Mary M. Kelly

15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. B. J. Minton

17. (a) Date thereof Oct 26-1939 (Month) (Day) (Year)

18. (a) Signature of funeral director J. F. [Signature]

(b) Address 2218 State St. St. Louis, Mo.

19. (a) (Date received local registrar) OCT 24 1939 (b) (Registrar's signature) J. F. [Signature]

Immediate cause of death Myelogenous Leukemia

Due to

Due to

Other conditions 2nd day pneumonia (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Robert Tindall (M. D. or other)

Address Missouri Pacific Hosp. Date signed 10/23/39

50M-4-17-39
Rev. 5-17-39
1 X10511

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 me.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Ben A. Baldurisi.....

Licensed Embalmer No. 2420.....

P. O. Address S. Louis Ill.....

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.