S. No. 2
—11-10-39
5-17-39
I X21492

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8899

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2382

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

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 5 week's (Specify whether In this community 74 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3507 Hebert St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Ida Mink

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Dr. William Mink

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

7. Birth date of deceased February 16, 1866 (Month) (Day) (Year)

8. AGE: Years 74 Months -- Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Henry Disse
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Minnie Oppelmann
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Richard H. Mink
(b) Address 3507 Hebert St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Mar. 13, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wm. F. Paschedag
(b) Address 2825 N. Grand Blvd.

19. (a) MAR 11 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1940 hour 5:48 minutes 48 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia Chronic Interstitial Nephritis Old fractured Femur Injured when deceased slipped and fell to kitchen floor at her home Jan. 24 1940 about 9:30 P.M.

Due to

Due to

Duration

Other conditions (Include pregnancy within 3 months of death) 186a

Major findings:
Of operations 18

Of autopsy

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) Accident
(b) Date of occurrence Jan 24 1940
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fall

23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 3/11/40

(Licensed Embalmer's Statement on Reverse Side)

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 J. S. Sullivan

Licensed Embalmer No. 1122

P. O. Address _____

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

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