

State File No.

Registrar's No.

REGISTRATION DISTRICT NO. 791

Primary Registration District No. 1003

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:  
1752a Mississippi Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 2  
(Specify whether  
In this community..... 3 yrs  
years, months or days)

3. (a) PRINT FULL NAME JOHN MINCEMEYER

3. (b) If veteran, No No name war.....  
3. (c) Social Security No 498-10-3954

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Anna  
6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Aug. 20, 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 11 9 hr. min.

9. Birthplace Leslie, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unemployed

12. Name John Mincemeyer

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

14. Maiden name Hannah Hildebrandt

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

16. (a) Informant Anna Mincemeyer

(b) Address 1752a Mississippi

17. (a) Burial (b) Date thereof 8/1/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near St. Mary's

18. (a) Signature of funeral director C. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) JUL 31 1940 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1752<sup>e</sup> MISSISSIPPI AVE  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. .... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1940 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from 1940 to July 29, 1940  
that I last saw alive on July 29, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy  
Due to.....  
Due to.....  
Other conditions (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)  
(a) Means of injury.....  
23. Signature J. F. Bredek (M. D. or other)  
Address 1446 Grand Date signed Aug 30 1940

**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

*Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

**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, fact should be so stated above.**