

No. 2  
11-10-39  
17-39  
X21492

SEP 25 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29541

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 152

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Near Farmington St. Francois Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hospital No. 1  
(If not in hospital or institution, write street number or location) days  
(d) Length of stay: In hospital or institution 14 yrs. 20 mos 0  
(Specify whether years, months or days) days  
In this community (William Mintner) 63  
years, months or days

8. (a) PRINT FULL NAME William Mintner

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Mrs. Wm. Mintner 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 22 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 11 25 hr. \_\_\_\_\_ min.

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

10. Usual occupation Miner

11. Industry or business \_\_\_\_\_

12. Name Christopher Mintner

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

14. Maiden name Eliza Delashmit

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

16. (a) Informant Records of State Hosp. #4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 8-19-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bicker Cem. St. Louis, Mo.

18. (a) Signature of funeral director Chas. H. Hoff

(b) Address 1716 S. Joff 699

19. (a) Aug 26-40 (b) T. S. Robinson  
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Frank Clay  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17  
year 1940 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from 2-17, 1939 to 8-17, 1940;  
that I last saw him alive on 8-17, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Syphilis of Central nervous system with paralysis  
Duration 15 yrs.

Due to marked General Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 34

Major findings: Of operations no 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 no

(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 Geo. Tavis Graves, Jr. (M. D. or other) \_\_\_\_\_  
Address Farmington, Mo. Date signed \_\_\_\_\_

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

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**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..... *Don F. Fin*.....

Licensed Embalmer No. *2511*.....

P. O. Address *4106<sup>th</sup> Bt*.....

**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.**