

FILED APR 13 1942  
Registration District No. **797**

Primary Registration District No. \_\_\_\_\_

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:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

In this community 2 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19 000 17

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

(d) Street No. 4111 Westminster  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country. \_\_\_\_\_ 0

3. (a) PRINT FULL NAME DOROTHY IVELENE MINGUS

3. (b) If veteran, name war NO

3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Jack 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased July 9 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>8</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Coon Rapids Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

MOTHER FATHER { 12. Name Verne E. Carter

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

14. Maiden name Blanch Harris

15. Birthplace Near Coon Rapids, Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Mingus

(b) Address 4111 Westminster

17. (a) removal (b) Date thereof 3/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coon Rapids, Iowa

18. (a) Signature of funeral director Alexander & Louwre

(b) Address 6175 Delmar Blvd.

19. (a) MAR 26 1942 (b) J. F. Gredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1942, hour 9 minute 8 M.

21. I hereby certify that I attended the deceased from Dec. 15 1942 to March 25 1942

that I last saw her alive on March 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhagic Encephalitis  
Duration 5 days

Due to Leses 7 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 J. Hayden (M. D. or other) M.D.  
Address 5899 Delmar Date signed 3-28-42

**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: *Geo E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6195 Elm*

**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.