

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7172

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 423

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 19 days
 years, months or days)

3. (a) PRINT
FULL NAMELester Miner3. (b) If veteran,
name war NONE3. (c) Social Security
No. NONE4. Sex M W
5. Color or race W6. (a) Single, widowed, married,
divorced D.K. 36. (b) Name of husband or wife
Elna Ralsted6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Sept.
(Month)25
(Day) 1880
(Year)8. AGE: Years Months Days If less than one day
64 4 16 hr. min.9. Birthplace Saline County Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Dishwasher11. Industry or business ST. LOUIS COUNTY HOSPITAL12. Name Joshua Miner13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)14. Maiden name HELEN BEMIS15. Birthplace Iowa
(City, town, or county) (State or foreign country)16. (a) Informant Self(b) Address St. Louis County Hospital17. (a) _____ (b) Date thereof 2-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation FEE FEE CEMETERY18. (a) Signature of funeral director Blummann Bros. Inc.(b) Address 2506 Woodson Rd. Overland, Mo.19. (a) FEB 14 1945 (b) E. G. Garrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Clayton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 601 So. Brentwood
 (If rural, give location)
 (e) Citizen of foreign country? 3
 If yes, name country USA (Year or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1945 hour 7:30 minute _____ P. M.21. I hereby certify that I attended the deceased from J.A.K.22, 1945, to Feb. 10, 1945;that I last saw him alive on Feb. 10, 1945;

and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardio-vascular diseaseDuration
Approx.
1 mo.

Due to _____

Due to _____

Other conditions Malignant nephrosclerosis
(Include pregnancy within 3 months of death)Syphilitic undiagnosed site, chronic bronchitis

Major findings: _____

Of operations: _____

Of autopsy 309

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?
(Specify type of place) _____

(e) Means of injury _____

23. Signature John J. Weagler (M. D. or other) M.D.Address St. Louis Co. Hosp. Date signed 2-11-45

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 Gustave R. Bannan

Licensed Embalmer No. 2315

P. O. Address Overland, Mo.

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.