

REG. JUN 30 1945 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's 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 years, months or days

3. (a) PRINT FULL NAME Robert John Minton

3. (b) If veteran, name war 3. (c) Social Security No.

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

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

7. Birth date of deceased September 18 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 9 3 hr. min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name William C. Minton

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

14. Maiden name Margaret Downey

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

16. (a) Informant Lieut. William C. Minton

(b) Address 8911 Eager Rd., Richmond Heights

17. (a) Burial (b) Date thereof 6-23-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation David Hart Ferguson

18. (a) Signature of funeral director Charles A. Marty

(b) Address 1225 Mission Blvd.

19. (a) JUN 22 1945 J. F. Bredeck
(Date received local burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Richmond Heights 8 NR
(If outside city or town limits, write "RURAL")
(d) Street No. 8911 Eager Rd. 3
(If rural, give location)
(e) Citizen of foreign country? ! (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1945 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec 1
1944 to June 20 1945
that I last saw her alive on June 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death nephrosia

Duration 8 mos

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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)

(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. P. Cistone (M. D. or other) Date signed 6/24/45

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 *John Gonoski*
Licensed Embalmer No. *3398*
P. O. Address.....

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.