

FILED MAY 31 1946
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Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **4587**

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:
Dee Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 Days**
(Specify whether)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Philip A Minks jr
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male **5. Color or race White**
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 10 TH 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **11---** If less than one day
hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Philip R Minks
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Henke
15. Birthplace St. Louis
(City, town, or county) (State or foreign country)

16. (a) Informant Philip Minks St. Louis Co
(b) Address 147 Haberking Ave 1946
17. (a) Burial **(b) Date thereof May 22 D**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N. 4th Str
19. (a) MAY 22 1946 **(b) J. J. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **St. Louis 96**
(c) City or town **St. Louis MO**
(If outside city or town limits, write "RURAL")
(d) Street No. **147 Haberking Ave**
St. Louis Co, Mo (If rural, give location)
(e) Citizen of foreign country? **NR** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 20
year 46 hour 6 minute 2 M.
21. I hereby certify that I attended the deceased from 5-10-46 to 5-21-46
that I last saw him alive on 5-20-46
and that death occurred on the date and hour stated above.
Immediate cause of death **Sphydriation**
Pneumature 7 mo.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **154**
Major findings:
Of operations _____
Of autopsy _____

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) (b) Means of injury _____
23. Signature J. J. Brudick (M. D. or other) **5/21/46**
Address **5899 W. 11th** Date signed _____

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

17399

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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richman Heights

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.