No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32819

Primary Registration District No. 1003

Registrar's No. 8525

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: 3164a S. Compton Ave. (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 16 3164a S. Compton Ave. (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Joe C. Minter

3. (b) If veteran, name war: no

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Nellie

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

7. Birth date of deceased: April (Month) 25 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
57	4	11	hr. min.

9. Birthplace: Louisville, (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Terminal RR.

MOTHER FATHER

12. Name: Charles B. Minter

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

14. Maiden name: Kate Conway

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

16. (a) Informant: Nellie Minter

(b) Address: 3164a S. Compton Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: Sept. 9-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla

18. (a) Signature of funeral director: Peck Funeral Home

(b) Address: 3029 Lafayette Ave.

19. (a) SEP 9 1947 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 6 year: 1947 hour: 2 minute: P.M.

21. I hereby certify that I attended the deceased from Feb. 15, 1946 to Sept. 6, 1947 that I last saw him alive on Sept. 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis — Duration: 15 yrs

Due to:

Due to:

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

Major findings: Of operations:

Of autopsy:

PHYSICIAN — Underline the cause of 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)

While at work? (e) Means of injury: 0

23. Signature: Percy Newman M.D. (M. D. or other)

Address: 3539 Hartford St. Date signed: Sept. 8, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan.

Licensed Embalmer No. 4242

P. O. Address 3029 Lafayette Ave.

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.