S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43335

FILED DEC 31 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11477

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

1. PLACE OF DEATH:
(a) County m
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2027a Anne Avenue
(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 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2027a Ann Avenue 9
(If rural, give location)
23 6
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LEE C. MINTNER
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 Widower
6. (b) Name of husband or wife Minnie Mintner
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 15-1896 (Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Irondale, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Shoe Worker
11. Industry or business
FATHER
12. Name Christ Mintner
13. Birthplace Rolla, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Clara Rice
15. Birthplace Irondale, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Pearl Ivester
(b) Address 2027a Anne Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-1947 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director Mordell Und. Co.
(b) Address 1926 Allen Avenue
19. (a) DEC 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-15 1947, to 12-15 1947 that I last saw him alive on 12-15-47 19 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - Chr & Bronchial Asthma

Due to Dropsy

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature L. F. Murray (M. D. or other)
Address 900-Russell Date signed 12-16-47

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

Me Registered Apprentice No.

working under my personal supervision.

Signed Ben C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.