

FILED DEC 22 1947

Registration District No. **367**

Primary Registration District No. **3069**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **St. Marys Hospital**  
(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... years, months or days

3. (a) PRINT FULL NAME **Harry Herman Minkey**

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 **widowed**  
6. (b) Name of husband or wife **Sidney Edith Minkey**  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **Sept. 11 1882**

8. AGE: Years **65** Months **2** Days **25** If less than one day..... hr. .... min.

9. Birthplace **St. Louis MO.**

10. Usual occupation **Heating Contractor (Self)**

11. Industry or business.....  
12. Name **Unknown Minkey**  
13. Birthplace **Unknown**  
14. Maiden name **Margaret Kelly**  
15. Birthplace **Unknown**

16. (a) Informant **Edith A Rallis**  
(b) Address **5243 Cates Ave.**

17. (a) **burial** (b) Date thereof **12-9-47**  
(c) Place: burial or cremation **Bellefontaine**

18. (a) Signature of funeral director **Drehmann-Harral**  
(b) Address **1905 Union Blyd.**

19. (a) **12-8-47** (b) **Centaj...**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**  
(c) City or town **St. Louis**  
(d) Street No. **5243 Cates Ave.**  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **6** year **1947** hour **5** minute **05 P.** M.

21. I hereby certify that I attended the deceased from **Dec 3** 19**47** to **Dec 6** 19**47** that I last saw h... alive on **Dec 6** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure**  
Due to **Arteriosclerosis + Hypertensive Heart Disease**  
Other conditions.....

PHYSICIAN

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....  
While at work..... (e) Means of injury.....  
23. Signature **C. F. Paravelli, M.D.** Address **1064 No. Hwate Bldg.**

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

MOTHER FATHER

7 to 9 P.M.

APR 9 1948

APR 9 1948

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..... *Albert R. Thompson Jr*  
..... Licensed Embalmer No. *4237*  
..... P. O. Address *St. Louis*

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.