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. 43841

FILED DEC 22 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2519

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R.# 8 Box 678
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.# 8 Box 678
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANDREW MINK
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years
7. Birth date of deceased September (Month) 3, (Day) 1878 (Year)

8. AGE: Years 69 | Months 3 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Miss Carrie Swilea
(b) Address R.R.# 8 Box 678 Lemay, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. John's Cemetery
18. (a) Signature of funeral director C. Hoffmeister U&L Co
(b) Address 7814 South Broadway St. Louis, Mo
19. (a) 12-5-47 (Date received local registrar) (b) Carl A. J. Sharp Mo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3
year 1947 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral arterial thrombosis with malacia of pons and brain stem	
Due to 83 b	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy same.

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) Natural Causes
(b) Date of occurrence December 3, 1947.
(c) Where did injury occur? Lemay, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Died in home (Specify type of place)
While at work? Means of injury Natural Causes
23. Signature Arnold J. Willmann Coroner 3
Address Clayton, Mo. Date signed 12/5/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 13 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 Lewis C. Hoffmeister

Licensed Embalmer No. 3871 7814 S. Broad

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.