

No. 30
M-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35169**

FILED OCT 23 1948
Registration District No. **1948**

Primary Registration District No. **6076**

Registrar's No. **20117**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Koch (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 days
In this community Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County aco
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1811a Bacon
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MINGO, VIOLA
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 17
year 1948 hour 2 minute 05 P. M.
21. I hereby certify that I attended the deceased from
8-6-48, 19, to 9-17-48, 19;
that I last saw her alive on 9-17-48
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased October 18 1930
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis
Duration 6 mo. (???)
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
17 10 30 _____ hr. _____ min.

PHYSICIAN
Major findings:
Of operations Right Middle & Lower Lobe Lobectomy
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Student

11. Industry or business _____
12. Name Walter Mingo
13. Birthplace Texas
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Day
15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Robert Koch Hospital
17. (a) Burial (b) Date thereof Sept, 22, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Wright's Funeral Home.
(b) Address 3100 Easton Ave
19. (a) 9-25-48 (b) Beal
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
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 Jerry N. Allen M.D.
(M. D. or other)
Address Robert Koch Hospital Date signed 9/17/48

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.