No. 300
10-48

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35544

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2587

002

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Hiway 66~~ Clayton
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. L. Co. Hospt. ~~½ mile W. of Eureka~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 20 Overland 4201
d. STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) Kay c. (Last) Miner

4. DATE OF DEATH (Month) Oct (Day) 24 (Year) 1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Jan 12, 1947
9. AGE (In years last birthday) 3 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) St, Louis, Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Evertt Miner
13b. MOTHER'S MAIDEN NAME Beulah Collins
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Evertt Miner ADDRESS Overland Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Perforation of duodenum
DUE TO (c) E x166

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* D 26

19a. DATE OF OPERATION ~~Eurixxx~~
19b. MAJOR FINDINGS OF OPERATION Perforation of duodenum 4.50 5411
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Eureka (COUNTY) St Louis (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 22 - 50 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? 2 Car auto accident

22. *I hereby certify that I attended the deceased from* Oct 22, 1950, *to* Oct 24, 1950, *that I last saw the deceased alive on* Oct 24, 1950, *and that death occurred at* 12 05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Herman C. Ross M.D. 0
23b. ADDRESS 601 So. Brentwood Clayton Mo
23c. DATE SIGNED 10-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 10-26-50
24c. NAME OF CEMETERY OR CREMATORY Pacific Cem
24d. LOCATION (City, town, or county) Pacific, Mo (State)

DATE REC'D BY LOCAL REG. OCT 25 1950
REGISTRAR'S SIGNATURE H R Domke M D/mb
25. FUNERAL DIRECTOR'S SIGNATURE Thiebes Funeral Home, ADDRESS Pacific, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4853

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.