

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28546
State File No. 7679
Registrar's No.

BIRTH NO. 57057-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS 22ND TOWN</u>	
		d. STREET ADDRESS (If rural, give location) <u>2113rd Spruce</u>	

3. NAME OF DECEASED a. (First) <u>Bernice</u>		b. (Middle)		c. (Last) <u>Mintz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26, 1951</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>Cal</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Aug 16, 1951</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Louis MO</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Rosevelt Mintz</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Starr</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Mintz</u> ADDRESS <u>2113rd Spruce</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bilateral Atelectasis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>762.0</u>	

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 6:57 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Catriel Taylor</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Boonville</u>		23c. DATE SIGNED <u>8-29-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 30/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. A. Green</u>		ADDRESS <u>4214 Delmar</u>	
DATE REC'D BY LOCAL REG. <u>AUG 29</u>		REGISTRAR'S SIGNATURE <u>W.S.S.</u>			

WRITE PLAINLY—USING UNFAADING 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 *F. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 Debra*

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.