

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
REGISTRAR'S No. **8493**

No. 300  
10.48  
**FILED SEP 25 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>3 1/2 Yrs. 21</b>		<b>2 2 29</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Luthern Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>22 1219 Mississippi</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) <b>COLMAN</b>		b. (Middle) <b>H.</b>		c. (Last) <b>MINER</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Sept. 7, 1952</b>	
---	--	--------------------------	--	-----------------------	--	------------------------	--	---	--

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Dec. 10, 1887</b>	<b>9. AGE</b> (In years last birthday) <b>64</b>	<b>10. IF UNDER 1 YEAR</b> Months _____ Days _____	<b>11. IF UNDER 24 HRS.</b> Hours _____ Mins. _____
------------------------------	---	---	---	---	---	--

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during part of working life, even if retired) <b>furniture maker</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Furniture Mfg.</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Greely, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
--	---	--	---

<b>13a. FATHER'S NAME</b> <b>Henry Miner</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Hattie Miners</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>TREUA MAXIMER MINER</b>
---	--	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Yes 497-03-5151</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Treua Miner</b>	<b>ADDRESS</b> <b>1219 Mississippi, St. Louis, Mo.</b>
---	--	--	---

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 mo</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <b>metastatic carcinoma</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Carcinoma of lung</b> DUE TO (b) _____ DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
-------------------------------	---	---

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
---	---	--

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>162X</b>
--	--	--

**22. I hereby certify that I attended the deceased from January 1952, to Sept 7, 1952, that I last saw the deceased alive on Sept 7, 1952, and that death occurred at 5:30 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>R. A. Neumann</b>	(Degree of title)	<b>23b. ADDRESS</b> <b>7701 Gravel St</b>	<b>23c. DATE SIGNED</b> <b>9-9-52</b>
---	-------------------	--	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>Sept. 10 1952</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Laurel Hill Gardens</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Mo.</b>
--	--	---	--

<b>DATE REC'D BY LOCAL REG.</b> <b>SEP 9 1952</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. C. Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE, INC. ADDRESS</b> <b>McLAUGHLIN FUNERAL HOME, ST. LOUIS MO.</b>
--	--	--

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

*James R. Chapman*

Licensed Embalmer No. 4550

P. O. Address St. Louis, Mo.

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.