

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40530

FILED DEC 12 1952

State File No. _____

318

1003

10877

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) St. Louis d. STREET ADDRESS (If rural, give location) 25 523a Market	
3. NAME OF DECEASED a. (First) FRANK b. (Middle) _____ c. (Last) MINNER		4. DATE OF DEATH (Month) (Day) (Year) OCT. 26, 1952	
5. SEX Male ()	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ?	8. DATE OF BIRTH ?
9. AGE (In years last birthday) ad. 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?	11. BIRTHPLACE (City and State or Foreign Country) ?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?		10b. KIND OF BUSINESS OR INDUSTRY ?	12. CITIZEN OF WHAT COUNTRY? ?
13a. FATHER'S NAME ?		13b. MOTHER'S MAIDEN NAME ?	14. NAME OF HUSBAND OR WIFE ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ?		16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Hospital Record
15. ADDRESS Hospital Record		17. ADDRESS Hospital Record	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) peritonitis, generalized ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) perforation of sigmoid colon DUE TO (c) _____	
11. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION 10-21-52		19b. MAJOR FINDINGS OF OPERATION perforation of sigmoid colon	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 578X	
22. I hereby certify that I attended the deceased from 10-21-52, 19__, to 10-26-52, 19__, that I last saw the deceased alive on 10-26-52, 19__, and that death occurred at 1:41 P. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Carlyle A. Luer, M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 10-27-52		24. BURIAL, CREMATION, REMOVAL (Specify) 11-29-52	
24b. DATE 11-29-52		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE & SERVICE ADDRESS Ronald Mortuary Service 4104 Manchester Ave.	
DATE REC'D BY LOCAL REG. NOV 26 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

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

Howard F Rowland

Licensed Embalmer No. *3114*

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.