

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12037

State File No. ....

FILED MAR 24 1953

318

1003

Registrar's No. 2305

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		State File No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		2169			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				d. STREET ADDRESS (If rural, give location) 3406 Humphrey St.				0	
3. NAME OF DECEASED (Type or Print) a. (First) EUGENE		b. (Middle) B.		c. (Last) MINGES		4. DATE OF DEATH (Month) (Day) (Year) Feb. 27 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 17, 1873		9. AGE (in years last birthday) 80	10. UNDER 1 YEAR Months	11. UNDER 1 Wks. Days	12. UNDER 1 Wks. Hours	13. UNDER 1 Wks. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY Hardware		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Frank Minges			13b. MOTHER'S MAIDEN NAME Margaret Ziegler			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Fred Minges					ADDRESS 3406 Humphrey St.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subarachnoid hemorrhage</i>  ANTECEDENT CAUSES DUE TO (b) <i>Chronic hypertension of 10 yrs.</i> DUE TO (c) <i>Arteriosclerosis</i>  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>2nd act of femur</i>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Congestive subarachnoid hemorrhage with acute</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP		21d. COUNTY		21e. STATE	
21d. TIME OF INJURY <i>Feb. 10 1953</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <i>Fell down in his home</i>		5705			
22. I hereby certify that I attended the deceased from <i>Feb. 15, 1953</i> , to <i>Feb. 27, 1953</i> that I last saw the deceased alive on <i>Feb. 22, 1953</i> and that death occurred at <i>4:50 P.M.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>S. H. Mays, M.D.</i>				(Degree or title)		23b. ADDRESS <i>50 S. Sub. St. St. Louis</i>		23c. DATE SIGNED <i>2-28-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 2, 1953		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetary		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. MAR 2 1953		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser</i>		ADDRESS 4228 S. Kingshighway Bl.		

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

(Licensed Embalmer's Statement on Reverse Side)

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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 Richard W. Storvick

Licensed Embalmer No. 4007

P. O. Address.....

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.