

FILED APR 15 1957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 850

Health, Welfare Public Service

300  
1-56

All symptoms will be listed. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Coroner cannot certify to a death due to natural causes.

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Heights</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Webster Groves</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		Length of stay in 1b <b>1 Mo.</b>	d. STREET ADDRESS <b>703 St. James Dr.</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Norman</b> Middle <b>F.</b> Last <b>Minneker</b>			4. DATE OF DEATH Month <b>Mar.</b> Day <b>29</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 12, 1896</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Ins. Salesman</b>		9b. AGE (In years last birthday) <b>61</b>	9c. IF UNDER 1 YEAR Months <b>1</b> Days <b>1</b> Hours <b>1</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Ins. Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Provident Mutual</b>	11. BIRTHPLACE (City and state or country) <b>Toledo, Ohio</b>
13. FATHER'S NAME <b>John W. Minneker</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
14. MOTHER'S MAIDEN NAME <b>Hattie Witker</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.# 1</b>	
16. SOCIAL SECURITY NO. <b>278-01-2964</b>		17. INFORMANT Address <b>Mrs. Cora B. Minneker 703 St. James Dr</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> DUE TO (b) <b>Cerebral Arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Arteriosclerotic Heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2 weeks</b> <b>4-5 years</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>332x</b>		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Webster Groves</b>		COUNTY <b>St. Louis</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>2-24-57</b> to <b>3-29-57</b> and last saw her alive on <b>3-28-57</b> Death occurred at <b>9:30 a. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Frank Langmuir MD</b> (Degree or title)		22b. ADDRESS <b>1617 S. Brentwood</b>	
22c. DATE SIGNED <b>3-30-57</b>		23. NAME OF CEMETERY OR CREMATORY <b>Woodmere Crem. Evergreen Cemetery</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>3-30-57</b>	
23c. LOCATION (City, town, or county) <b>Ypsilanti, Mich.</b>		(State)	
24. FUNERAL DIRECTOR <b>Mittelberg Funeral Home, Inc.</b> <b>Webster Groves, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3/30/57</b>	
26. REGISTRAR'S SIGNATURE <b>Hubert R. Donahue</b>			

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed John J. Davies  
Licensed Embalmer No. 4100  
P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.