

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030762  
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7923

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
32 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hosp.</b>		Length of stay in 1b <b>4 weeks</b>	
d. STREET ADDRESS <b>5560 Pershing Ave.</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>HAROLD</b> Middle <b>J</b> Last <b>MINEAH</b>		4. DATE OF DEATH Month <b>August</b> Day <b>12th</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 17, 1891</b>
9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>25</b>	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sacony Mobil Oil Co. Marne Cass Cty. Ia.</b>	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James A. Mineah</b>		13b. MOTHER'S MAIDEN NAME <b>Murtie Andrews</b>	
14. NAME OF HUSBAND OR WIFE <b>Divorced</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) <b>yes</b> (If yes, give war or dates of service) <b>World War I</b>		16. SOCIAL SECURITY NO. <b>091-05-5051</b>	
17. INFORMANT <b>David Mineah</b>		Address <b>Houston 6, Tex Jackson Blvd.</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>Bronchogenic carcinoma</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____			<b>162.1</b>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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		COUNTY	STATE
21. I attended the deceased from <b>July 18, 1958</b> to <b>Aug. 12, 1958</b> and last saw him alive on <b>Aug. 12, 1958</b> Death occurred at <b>4:30 pm.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Wombersche</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>3720 Washington</b>	
22c. DATE SIGNED <b>8-14-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>Aug. 14 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
24. FUNERAL DIRECTOR <b>A. H. Bocklage</b> ADDRESS <b>6536 Clayton Rd.</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 14 '58</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b> <b>m 8/13</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. W. B. Binkley* .....

Licensed Embalmer No. *3653* .....

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.