

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034513
STATE FILE NUMBER

FILED OCT 10 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 9394

1. PLACE OF DEATH a. COUNTY <i>St</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Mo</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis Mo</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>11 Firmin Desloge</i>		d. STREET ADDRESS (If outside, give location) <i>2249 3017 KEOKUK</i>	
3. NAME OF DECEASED (Type or print) <i>Catherine Mincemeyer</i>		4. DATE OF DEATH Month <i>Sept</i> Day <i>29</i> Year <i>58</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>FEB. 25 1935</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SALE CLERK</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>FAMOUS-BARR Co</i>	11. BIRTHPLACE (City and state or country) <i>Mo.</i>
13a. FATHER'S NAME <i>FRANK GINDER</i>		13b. MOTHER'S MAIDEN NAME <i>CATHERINE SCHMIDT</i>	14. NAME OF HUSBAND OR WIFE <i>CECIL MINCEMEYER</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>489-38-7646</i>	17. INFORMANT Address <i>CECIL MINCEMEYER 3017 KEOKUK</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatosis</i> <i>secondary to carcinoma of the rectum</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>metastasis to carcinoma of rectum</i> DUE TO (c) <i>1st tumor</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>154X</i>			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 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.) <i>Aug. 28, 1958</i>	
		20f. CITY, TOWN, OR LOCATION <i>9-29-58</i>	
21. I attended the deceased from Death occurred at <i>4:20 p.m.</i>		to <i>29 Sept 58</i> and last saw her alive on <i>29 Sept 58</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>John T. Dolan Jr.</i>		22b. ADDRESS <i>Firmin Desloge Hosp.</i>	
22c. DATE SIGNED <i>9-29-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>OCT. 2 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>S. S. Peter + Paul</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS, Mo</i>	
24. FUNERAL DIRECTOR <i>Thomas Kuter 2906 Gravois</i>		25. DATE RECD. BY LOCAL REG. <i>SEP 3 0'58</i>	
		26. REGISTRAR'S SIGNATURE <i>Carl Smith, MD</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

S. 300 1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

mjb

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 *Leo J. Biddle*
Licensed Embalmer No. *3989*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.