

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046649

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11437** STATE FILE NUMBER

**FILED DEC 18 1961**

1. PLACE OF DEATH  
 COUNTY: **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)  
 a. STATE: **Mo.** b. COUNTY: **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: **St. Louis** Length of stay in 1b: **St. Louis** Inside Limits: Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: **Firmin Desloge Hospital** Inside Limits: Yes  No  d. STREET ADDRESS (If outside, give location): **3135 a Iowa** Reside on Farm: Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last: **Letha L. Mintner** 4. DATE OF DEATH Month Day Year: **12 6 61**

5. SEX: **Female** 6. COLOR OR RACE: **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH: **Apr 15-82** 9. AGE (last birthday): **79** IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY: **At home** 11. BIRTHPLACE (City and state or country): **Mo.** 12. CITIZEN OF WHAT COUNTRY: **U.S.A.**

13a. FATHER'S NAME: **William Wray** 13b. MOTHER'S MAIDEN NAME: **Unk** 14. NAME OF HUSBAND OR WIFE: **William Mintner**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service): **No** 16. SOCIAL SECURITY NO.: **None** 17. INFORMANT: **Glenwood W. Mintner, 3135a Iowa Ave. St. Lou** Address: **St. Lou**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Diabetes Mellitus**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Extra-abdominal mass etid?**

DUE TO (c) **260x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 **12/3/61** to **12/6/61** and last saw her/him alive on **12/6/61**. Death occurred at **1:00 P** on the date stated above, and to the best of my knowledge, from the causes stated.

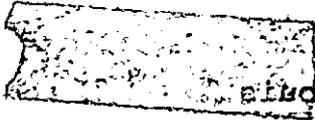
22a. SIGNATURE (Degree or title): **Richard R. John MD** 22b. ADDRESS: **Firmin Desloge Hospital** 22c. DATE SIGNED: **12/7/61**

23a. BURIAL, CREMATION, REMOVAL (Specify): **Burial** 23b. DATE: **December, 9, 1961** 23c. NAME OF CEMETERY OR CREMATORY: **N. Picker Cemetery** 23d. LOCATION (City, town, or county) (State): **St. Louis, Missouri**

24. FUNERAL DIRECTOR: **Witt Mortuary, 6409 Gravois Ave. St. Louis.** ADDRESS: **DEC 8 1961** 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE: **Earl Smith M.D.**

DATE AMENDED  
 2  
 INSTEAD OF  
 BY AFFIDAVIT OF  
 THE DECEASED SHOULD READ

DOCUMENT  
 MEDICAL CERTIFICATION



**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 Harvey Kahle

Licensed Embalmer No. 4596

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