

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

4225-62-017081
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4225

DO NOT WRITE ON THIS STUDY

FILED MAY 1 1962

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo Baptist Hosp		d. STREET ADDRESS (If outside, give location) 3656 Bates St.	
3. NAME OF DECEASED (Type or print) First Middle Last Edgar Minner		4. DATE OF DEATH Month Day Year Apr. 22, 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/15/91
9. AGE (last birthday) 71		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sterotyper		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Freedom, Pa.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Minner		13b. MOTHER'S MAIDEN NAME unk	
14. NAME OF HUSBAND OR WIFE Elsie Minner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Elsie Minner 3656 Bates St.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE, (a) Myocardial Infarction 1 Day Bronchopneumonia 2 wk Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4/9/62 DUE TO (c) 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
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.)	
20c. TIME OF INJURY Hour 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 COUNTY STATE		
21. I attended the deceased from APR 17 1962 and last saw him alive on APR 22 1962 Death occurred at 7:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard Jones MD		22b. ADDRESS 3720 Washington	
22c. DATE SIGNED 4/23/62		22d. LOCATION (City, town, county) (State) Baltimore, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 4/23/62	23c. NAME OF CEMETERY OR CREMATORY Baltimore, Md.	
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.		25. DATE REC'D. BY LOCAL REG. APR 23 1962	
		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.	

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

VS 300
Rev. 4/59
1
2 **20/19**
3
4 **0**
5 **1**
6
7 **1**
8 **2**
9
10
11
12 **68-0**
13
68
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
USE BLACK INK OR TYPEWRITER RIBBON



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. Bussard

Licensed Embalmer No. 3989

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.