

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037140

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 2582

FILED SEP 29 1962

VS 300  
Rev. 4/59

14008

24037

3

4 1

5 1

6

7 0

8 2

94200

10

11

1286-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Jennings</b>  |   | Length of stay in lb<br><b>3 1/2 years</b>  | c. CITY OR TOWN <b>Riverview</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>High Tower Nursing Home</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>328 Midridge Ave</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>               |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Lydia Mintert</b>  |   | 4. DATE OF DEATH<br>Month <b>September</b> Day <b>4</b> Year <b>1962</b>  |   |
| 5. SEX<br><b>female</b>   | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>7-22-1881</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired)<br><b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>   | 9. AGE (last birthday)<br><b>81</b>   |
| 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME<br><b>William Overdeck</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Eleanora Norton</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Fred C. Mintert</b>   |   | 17. INFORMANT<br>Address<br><b>Mr. Fred C. Mintert, 328 Midridge</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |   |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arterio-sclerotic Heart d -</b>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>unknown</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ s.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 <b>May 3, 1959</b> to <b>Sept 4, 1962</b> and last saw her <b>live</b> on <b>Sept 3, 1962</b><br>Death occurred at <b>7:40 pm</b> m of the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE<br><b>Lewis L. Hermann MD</b> (Degree or title)  |   | 22b. ADDRESS<br><b>8231 Clayton Rd (17)</b>   | 22c. DATE SIGNED<br><b>9/5/62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>Sept 7 1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Bellefontaine Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri</b>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Math Hermann &amp; Son, Inc., 2161 E. Fair Ave St. Louis, 7, Missouri</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>9-5-62</b>   | 26. REGISTRAR'S SIGNATURE<br><b>J. B. Murphy MD</b>   |

**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

*Julius R Brown*

Licensed Embalmer No. 5146

P. O. Address Shoups 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.