

JUL 21 1938

REC'D AUG 9 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26574  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township St. Ferdinand Primary Registration District No. 207  
(c) City St. Louis, Missouri (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 6 yrs. 8 mos. 27 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 1231

2. PRINT FULL NAME

Sister Mary Magdalene Mingos  
(a) Residence, No. Villa Gesù - Riverfront Drive St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 - 1852

7. AGE YEARS 86 MONTHS 10 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Religious  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester, New York

FATHER 13. NAME Frederic Mingos

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria

MOTHER 15. MAIDEN NAME Ann Glasser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria

17. INFORMANT Sister Mary Ludwiga (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Villa Gesù DATE July 24 1938

19. FUNERAL DIRECTOR Fender 2nd. Co (ADDRESS) 7420 Maple ave

20. FILED 1111-21 1938 19 J. K. Meyer M.D. Ill. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1938

22. I HEREBY CERTIFY that I attended deceased from June 1937, to July 16 1938. I last saw him alive on July 16 1938. Death is said to have occurred on the date stated above, at 12:00 p.m.

The principal cause of death and related causes of importance were as follows:  
Branch pneumonia  
Chronic Myocarditis

Date of onset 7-11-38

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) C. E. Aden M. D.  
(Address) 5388 N. Union Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**