

1900  
 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.  
 WHILE I REMAIN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 I MISS!

BUREAU OF THE CENSUS  
 SEP 14 1939

State File No. \_\_\_\_\_  
 Registrar's No. \_\_\_\_\_

Registration District No. 791 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1003**  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11 Days  
 (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis 19  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3958 Westminister Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

In this community \_\_\_\_\_ years, months or days)  
 3. (a) PRINT FULL NAME Elaine Mings 520  
 3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Baby  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 26 1936  
 (Month) (Day) (Year)

8. AGE: Years 3 Months \_\_\_\_\_ Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Wm. Emory Mings  
 13. Birthplace ForthWorth Texas.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Evangeline James  
 15. Birthplace Hastings Neb.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Lambert  
 (b) Address 3957 W. Pherson St.  
 17. (a) Burial (b) Date thereof Aug. 26/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edith E. Ambuster  
 (b) Address 4234 Manchester Ave.  
 19. (a) AUG 26 1939 (b) J. P. Braddock  
 (Date of registration) (Signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month August day 24, year 1939 hour 6:30 minute \_\_\_\_\_ P. \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from July 14, 1939, to August 24, 1939:  
 that I last saw h. \_\_\_\_\_ or alive on August 24, 1939:  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
in general hospital  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Emphysema  
 (Include pregnancy within 3 months of death)

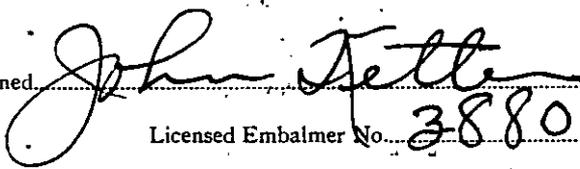
PHYSICIAN  
 Major findings: Myocardial Infarction  
 Of operations general hospital  
 Of autopsy Myocardial infarction  
Emphysema  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Marshall D. Kelly (M. D. or other) \_\_\_\_\_  
 Address City Hospital, #1 Date 8/26/39

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed .....

Licensed Embalmer No. 3880

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 this body is not embalmed, above space should be left blank.**