

REC'D OCT 14 1939

Registration District No. **791** Primary Registration District No. _____

1. PLACE OF DEATH: **1008**
(a) County **St. Louis Mo.**
(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Anthony's Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 weeks**
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **1**
(c) City or town **St. Louis** **2**
5612 (If outside city or town limits, write "RURAL")
(d) Street No. **Wisselle**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Charles E. Minderman Jr**
(b) If veteran, name war **World War** (c) Social Security No. **707-12-787**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **7**
year **1939** hour **5:23** minutes **AM**
21. I hereby certify that I attended the deceased from **April 1936**
to **Sept 7**, 19**39**
that I last saw him alive on **Sept 7**, 19**39**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Lenora Minderman** 6. (c) Age of husband or wife if alive **34** years
7. Birth date of deceased **Mar. 9 1894**
(Month) (Day) (Year)

Immediate cause of death **Chronic myelogenous leukemia** Duration **3 1/2 yrs.**

8. AGE: Years **45** Months **5** Days **29** If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **none**
Of autopsy **no**

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

10. Usual occupation **Traveling Freight Agent**

11. Industry or business **C. M. STP & P. Railroad**

12. Name **Charles Minderman**

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

14. Maiden name **Maggie Connors**

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

16. (a) Informant's own signature **Lenora Minderman**
(b) Address **5612 Lissette Av.**

17. (a) **Burial** (b) Date thereof **9-12-39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Paul Churchyard**

18. (a) Signature of funeral director **Wm. Bro. L. H. M.**
(b) Address **2929 S. Jefferson Av.**

19. (a) **SEP 8 1939** (b) **J. F. Bredeck**
(Date and local registration) (Registrar's signature)

PHYSICIAN
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 **Wm. J. Watava M.D.** (M. D. or other)
Address **3804 W. Livingston Ave.** Date signed **9/8/39**

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.

2025 RELEASE UNDER E.O. 14176

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.....

Paul A. Shanklin

....., Registered Apprentice No.

working under my personal supervision.

Signed

Paul A. Shanklin

Licensed Embalmer No. *3472*

P. O. Address. *2995 Jefferson*

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.