

SEP 25 1940 791

Primary Registration District No.

1003

Registrar's No.

6586

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
608 Bates Street 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. S. 608 Bates St.  
(If rural, give location)  
(e) If foreign born, how long in U.S.A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1st  
year 1940 hour \_\_\_\_\_ minute 8:00 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Cancer of Stomach with  
metastasis to Lung

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions:  
(Include pregnancy within 3 months of death)  
None

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(?) Means of injury \_\_\_\_\_

23. Signature Joseph M. Green (M. D. or other)  
Address Deputy Coroner

Duration  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

8. (a) PRINT FULL NAME Edgar Minnegerode 524

8. (b) If veteran, name war World War 8. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
About 48 hr. \_\_\_\_\_ min.

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

10. Usual occupation unemployed

11. Industry or business cigar maker

12. Name August Minnegerode

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

14. Maiden name Anna Maloney

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Minnegerode

(b) Address 608 Bates Street

17. (a) Burial (b) Date thereof 8-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. 55, Peter and Paul

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) AUG 2 1940 (b) J. G. Prudek  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Wagil L. Berryman

Licensed Embalmer No. 4018

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