S. No. 2
M—2-43
5-17-39
X35697

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

16410

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FD JUN 14 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5136

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: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 1510 South 10th. St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Charles Marion Minzer

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 5 (Month) 6 (Day) 1935 (Year)

8. AGE: Years 8 Months 0 Days 26 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Charles Minzer

13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

14. Maiden name Pearl Payne

15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Charles Minzer

(b) Address 1510, South 10th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/43 (Month) (Day) (Year)

(c) Place: burial or cremation Concordia

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301, Lafayette

19. (a) JUN 2 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2 year 1943 hour 12 minute 26 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Drowning when he fell into a sink hole on the roll drive of Carondelet Park about 400 feet south of Holly Hills Drive about 1145 Am. June 2 1943

Duration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) accident

(b) Date of occurrence June 2 1943

(c) Where did injury occur? St Louis 000 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? No (e) Means of injury drowning

23. Signature Alfred Perry (M.D. or other)

Address Deputy Coroner Date signed 6/3/43

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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, fact should be so stated above.