No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2860

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 621

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

1. PLACE OF DEATH:

(a) County ~~St. Louis~~

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three weeks (Specify whether years, months or days)

In this community Life, 70 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3688 Dover Place. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE MINGES

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rose

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

7. Birth date of deceased December (Month) 29 (Day) 1877 (Year)

8. AGE: Years 70 Months 0 Days 19 If less than one day @@ hr. @@ min.

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

10. Usual occupation Accountant

11. Industry or business Investments & Securities

FATHER
12. Name George A. Minges
13. Birthplace Unknown (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Mary Mary Aust
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Arthur Minges

(b) Address 3408 Utah St., St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/48 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027-Gravois, St. Louis, 16, Mo.

19. (a) JAN 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Januaryr day 18 year 1948 hour ten minute fifty A.M.

21. I hereby certify that I attended the deceased from December 31, 1947 to January 18, 1948 that I last saw him alive on January 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bundle Branch Block	3 wks
Due to: Hypertensive Cardio-Vascular Disease	10 mo
Due to:	
Other conditions: Hypo Proteinemia (Include pregnancy within 3 months of death)	3 wks

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Month of injury

23. Signature P. J. Wensel M.D. (M. D. or other)

Address 462 Yo Taylor Date signed 1/20/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Ed Vitt

FEB 5 1948

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Grava

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.