FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20887

Primary Registration District No. 1003

Registrar's No. 5718

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: ~~St. Louis~~ 06001
(If outside city or town limits, write "RURAL")

(d) Street No. 3513 Manola
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Minnie Grace Ginther

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: William A. Ginther

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

7. Birth date of deceased: July (Month) 3 (Day) 1877 (Year)

8. AGE: Years 70 Months 10 Days 21 If less than one day hr. min.

9. Birthplace: Washington (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: at home

11. Industry or business: none

MOTHER FATHER

12. Name: Samuel Hollingsworth

13. Birthplace: unknown (City, town, or county) (State or foreign country) 9

14. Maiden name: unknown

15. Birthplace: unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: S. W. Ginther

(b) Address: 1700 S. 2nd st

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6 - 28 - 48 (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director: A. Kron Lull Co.

(b) Address: 2707 N. Grand Blv'd

19. (a) JUN 25 1948 (Date received local registrar) (b) J. F. Bracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1948 hour 11 minute 55 p.m.

21. I hereby certify that I attended the deceased from June 4 1948, to June 24 1948; that I last saw h. alive on June 24 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Pancreas	1 yr
Due to:	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings: Of operations: Carcinoma pancreas Liver metastases

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? Means of injury

23. Signature: Joseph E. Glenn (M. D.)

Address: 1958 Arcade Bldg Date signed June 25/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Mil

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. Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.