No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948 318
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28034

Primary Registration District No. 1003

Registrar's No. 7387

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: St. Louis Childrens
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (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 Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 128 Eldridge Ave.
(If rural, give location) R.R.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David John Miniea
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 20 (Day) 1947 (Year)

8. AGE: Years	Months	Days	If less than one day
1	1	2	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Henry Miniea
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Bernice Golse
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Bernice Miniea
(b) Address 128 Eldridge Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) AUG 23 1948 (Date received local registrar) (b) J. F. Bresnack (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 22nd year 1948 hour 10 minute 36 P.M.
21. I hereby certify that I attended the deceased from August 5, 1948, to August 22, 1948; that I last saw him alive on August 22, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital Heart disease & Pneumonia	
Terminally	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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) Means of injury
23. Signature Dr. L. Smith (M. D. ~~or other~~)
Address Date signed

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

WRITE PLAINLY—USING 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 H. L. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.