

No. 300
 10748
 U. CLUB BLDG
 FREEMUTH.

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21998**

BIRTH NO. _____		REG. DIST. NO. 17		PRIMARY REG. DIST. NO. 3069		Registrar's No. 1212	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri , b. COUNTY MO			
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's				d. STREET ADDRESS (If rural, give location) 4910 W. Pine			
3. NAME OF DECEASED (Type or Print) a. (First) John W.			b. (Middle) Minton		c. (Last)		4. DATE OF DEATH (Month) May (Day) 24 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/27/1895	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 6 Days 25	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank President		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) East St. Louis, Ill		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Thomas Minton		13b. MOTHER'S MAIDEN NAME Mary Wallace		14. NAME OF HUSBAND OR WIFE Gladys Goëdde			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME John Minton Jr ADDRESS East St. Louis, Ill			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anesthesia for tonsillectomy (cyclopropane) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Recurrent attacks of tonsillitis				INTERVAL BETWEEN ONSET AND DEATH 8 yrs.	
19a. DATE OF OPERATION 5/24/49		19b. MAJOR FINDINGS OF OPERATION 5101				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased live on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Louis E. Freemuth M.D.				23b. ADDRESS University Club Bldg East St. Louis, Mo		23c. DATE SIGNED May 24, '49	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE May 27, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) East St. Louis, Ill	
DATE REC'D BY LOCAL REG. 5-25-49		REGISTRAR'S SIGNATURE Thurmond Brinkman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas M. Lusk East St. Louis, Ill			

SEP 16 1949

JUL 18 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-----

working under my personal supervision. Student Embalmer No.

Student
Student Embalmer

Signed Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address St. Louis 2

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.