

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1950

7097
State File No. 7097
Registrar's No. 445

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland	
c. LENGTH OF STAY (In this place) 12 YEARS		d. STREET ADDRESS (If rural, give location) 2411-Hood Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2411-Hood Avenue		d. STREET ADDRESS (If rural, give location) 2411-Hood Avenue	

3. NAME OF DECEASED a. (First) Roy b. (Middle) _____ c. (Last) Minshall			4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 17, 1903	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days	IF OVER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Union Elec. Co.		11. BIRTHPLACE (State or foreign country) Bevier, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward Minshall		13b. MOTHER'S MAIDEN NAME Emma Tanner		14. NAME OF HUSBAND OR WIFE Leta Minshall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Leta Minshall ADDRESS 2411-Hood Ave-Overland-14-Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 420.1	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 2-17, 1950, to 2-17, 1950, that I last saw the deceased alive on 2-17, 1950, and that death occurred at 12 A. m., from the causes and on the date stated above.

23a. SIGNATURE Edwin P. Meiners M.D. (Degree or title)	23b. ADDRESS 6657 Ewright Ave	23c. DATE SIGNED 2-18-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 20, 1950	24c. NAME OF CEMETERY OR CREMATORY Hiram Burial Park	24d. LOCATION (City, town, or county) (State) Creve Coeur, Mo.
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PREPARED BY LOCAL REGISTRAR'S SIGNATURE Robert J. Salovey, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Blumhardt Bros Inc. ADDRESS 2501-Hudson Rd-Overland-14-Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo

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.