

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED APR 14 1951**

State File No. **8686**  
**1388**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Jackson</b>	a. STATE <b>Texas</b>		b. COUNTY <b>Tarrant</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>2 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fort Worth</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hotel Muehlebach</b>		d. STREET ADDRESS (If rural, give location) <b>2301 Irwin</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>ERNEST</b>	b. (Middle)	c. (Last) <b>MINDLIN</b>	<b>March 29, 1951</b>		
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 24, 1904</b>	<b>9. AGE</b> (In years last birthday) <b>46</b>	<b>IF UNDER 1 YEAR</b> Months Days <b>0</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country)	
		<b>Contractor DUSTRY Heating &amp; Cooling</b>		<b>St. Louis, Missouri</b>	
<b>13a. FATHER'S NAME</b> <b>Barnett Mindlin</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rose Shklar</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Charlotte Mindlin</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>486-07-4441</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Harold S. Mindlin, 1224 W. 62nd St., K.C. Mo.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <b>Burst of Blood to Head</b>			
		<b>ANTECEDENT CAUSES</b>			
		*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		<b>II. OTHER SIGNIFICANT CONDITIONS</b>			<b>E 93 43</b>
		Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Swulf?</b>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, shop, office bldg., etc.) <b>Home</b>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Norman City Jackson Tex</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>3-29-51 3<sup>PM</sup></b>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>Burst of Blood to Head</b>	

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

**23a. SIGNATURE** **Geo. C. Kealhofer** (Degree or title) **Dr. Geo. C. Kealhofer, Dist. Deputy Coroner** **23b. ADDRESS** **4050 Broadway Texas** **23c. DATE SIGNED** **3-30-51**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Burial** **24b. DATE** **4/1/51** **24c. NAME OF CEMETERY OR CREMATORY** **Rose Hill Mausoleum** **24d. LOCATION** (City, town, or county) (State) **Kansas City, Missouri**

**DATE REC'D BY LOCAL REG.** **3-31-51** **REGISTRAR'S SIGNATURE** **Seraldine Holmes** **25. FUNERAL DIRECTOR'S SIGNATURE** **STINE & McCLURE, Kansas City, Mo.**

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

3

No. 300  
10-48

**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

*John L. Butler*

Licensed Embalmer No. *4664*

P. O. Address *K. C. 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.