

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30252

7447

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission) a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 1/2 Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farming ton		0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hosp.				d. STREET ADDRESS (If rural, give location) Route 3			
3. NAME OF DECEASED (Type or Print) a. (First) Clyde b. (Middle) _____ c. (Last) Minks			4. DATE OF DEATH (Month) 7 (Day) 30 (Year) 53				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH MAY 8 1905		9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY PLUMBING		11. BIRTHPLACE (City and State or Foreign Country) VINELAND MO.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME MARIAN MINKS		13b. MOTHER'S MAIDEN NAME MARY STANFORD		14. NAME OF HUSBAND OR WIFE MARGARET MINKS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WW#1		17. INFORMANT'S SIGNATURE OR NAME MARGARET MINKS		ADDRESS 1024 FREY ST.	
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) Carcinomatosis primary site unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 Mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 1999			
22. I hereby certify that I attended the deceased from 4-21-1953 to 7-30-1953 , that I last saw the deceased alive on 7-30-1953 and that death occurred at 5:40 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Emil Frei (Degree or title) M.D.				23b. ADDRESS Desloge Hosp.		23c. DATE SIGNED 7-31-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Aug 3, 1953		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.		24d. LOCATION (City, town, or county) (State) ST LOUIS CO.	
DATE REC'D BY LOCAL REG. JUL 31 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MOYDELL FUNERAL HOME, 1926 ALLEN			

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address _____

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.