

STANDARD CERTIFICATE OF DEATH

FILED FEB 2 - 1955

State File No. 0343

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0343

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 0 days		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: City Hospital #1		e. STREET ADDRESS (If rural, give location) #23 North 10th st.			
3. NAME OF DECEASED (Type or Print) a. (First) Minnie		b. (Middle)		c. (Last) Minehart	
4. DATE OF DEATH (Month) (Day) (Year) Jan 9, 1955		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9-1-1885		9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Advance, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME French Lape		13b. MOTHER'S MAIDEN NAME Maudy Gordon	
14. NAME OF HUSBAND OR WIFE Finnis Minehart		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) np		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Finnis Minehart, St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest; Anesthetic; while undergoing hysterectomy at City Hospital on Jan 9, 1955 DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) about 140 lbs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Shop		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 9 55 1 p m.		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 alive on 19____, and that death occurred at 1400 m., from the causes and on the date stated above. 40					
23a. SIGNATURE (Degree or title) Patrick Paylor Coover 3		23b. ADDRESS 1800 Clark		23c. DATE SIGNED 1.13.56	
24a. BURIAL, CREMATION, REMOVAL removal		24b. DATE Jan 11, 1955		24c. NAME OF CEMETERY OR CREMATORY Lilbourn, Mo.	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. JAN 13 1955		REGISTRAR'S SIGNATURE J. Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Ponder F.H., Lilbourn, Mo.		ADDRESS			

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.