

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-032620

FILED VS AUG 22 1960

INDEXED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7479

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>St Louis City</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St Louis</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis City</i>		Length of stay in ab <i>2 weeks</i>		c. CITY OR TOWN <i>Campbell</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Jewish Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>715 Lucas St.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Thomas</i> Middle <i>G.</i> Last <i>Minter Sr.</i>				4. DATE OF DEATH Month <i>July</i> Day <i>27</i> Year <i>1960</i>					
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>10/12/1888</i>		9. AGE (last birthday) <i>71</i> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Lumber Co.</i>		11. BIRTHPLACE (City and state or country) <i>Bloomfield, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S.</i>		
13a. FATHER'S NAME <i>Cary Minter</i>			13b. MOTHER'S MAIDEN NAME <i>Cinderella Thurmond</i>			14. NAME OF HUSBAND OR WIFE <i>Lilliah Minter</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>487-18-1005</i>		17. INFORMANT <i>Thomas G. Minter Jr., Washington, D.C.</i> Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Sepsis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Septicemia 585X</i> DUE TO (c) <i>Ascending Cholangitis</i>							INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> <i>1 week</i> <i>1 week</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>7/14/60</i> to <i>7/27/60</i> and last saw her alive on <i>7/27/60</i> Death occurred at <i>8:15</i> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Charles H. Dart Jr MD</i>				22b. ADDRESS <i>216 So Henge highway</i>			22c. DATE SIGNED <i>7/27/60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>7-27-60</i>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) <i>Campbell, Mo.</i>		(State)		
24. FUNERAL DIRECTOR <i>Albert H. Hoppe, Inc., 4700 Washington Blvd.</i>				25. DATE RECD. BY LOCAL REG. <i>JUL 27 1960</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis

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.