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M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22869
Registrar's No. 1354

FILED JUL 7 1947
Registration District No. 317

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town ST LOUIS, RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST MARY'S O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 110 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PIKE 82

(c) City or town ST CLEMENT
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY GEORGE MINGES

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1947 hour 1 minute 29 P. M.

21. I hereby certify that I attended the deceased from March 5 1947 to June 23 1947
that I last saw him alive on June 1947
and that death occurred on the date and hour stated above.

4. Sex MA 5. Color or race W

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT 17 1867
(Month) (Day) (Year)

Immediate cause of death Uremia Duration 1 wk

Due to Chronic nephritis 2.

Due to Arterio Sclerosis 2.
Generalized

Other conditions (Include pregnancy within 3 months of death) 131-8

8. AGE: Years Months Days If less than one day

79 9 6 hr. _____ min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation PRIEST

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name JOSEPH MINGES 4

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name MARY ELIZABETH HILGER

15. Birthplace BALTIMORE MD.
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Rie

(b) Address Bowling Green Mo

17. (a) REMOVAL (b) Date thereof JUNE 23 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST CLEMENT MO.

18. (a) Signature of funeral director J. D. Huddel

(b) Address Bowling Green Mo.

19. (a) 6-25-47 (b) Paul A. Sharp
(Date received local registrar) (Registered signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. Lee Shradery (M. D. or other) 0
Address 3720 Washington Blvd Date signed 6/24/47

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed James C. Mudd

Licensed Embalmer No. 41521

P. O. Address Bowling Green, 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.