MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2740

Township ..... Primary Registration District No. 1003 Registered No. 312

City ST. LOUIS (No. 770 N. EUCLID AVE. St. ..... Ward)

2. FULL NAME MINNIE STURGEON.

(a) Residence. No. 770 N. EUCLID AVE. St., 12 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
FEMALE	WHITE.	WIDOWED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF BEVERLY STURGEON.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) APRIL II, 1865.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61.	8.	27	

8. OCCUPATION OF DECEASED 82 9
(a) Trade, profession, or particular kind of work AT HOME.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ST. LOUIS, MO.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER HENRY SEGELHORST.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) UNKNOWN.

12. MAIDEN NAME OF MOTHER MARY (UNKNOWN).

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) UNKNOWN.

14. INFORMANT Miss Helen Segelhorst.
(Address) 770 N. EUCLID, AVE.

15. FILED JAN 10 1927 19 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany, 8th, 1927.

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Jan 5, 1927 that I last saw her alive on Jan 6th, 1927 and that death occurred, on the date stated above, at 1 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Apoplexy
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Artero-sclerosis
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 7701

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr A. Thomson, M. D

Jan 10, 1927 (Address) 3121 N Broad.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL BELLEFONTAINE CEMETERY. DATE OF BURIAL 1-12-1927.

20. UNDERTAKER C. R. Lupton. ADDRESS Olive Street #4449

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr D. A. Thomson.

#3121 No. Grand.

10 - 12.
2 - 4.
6 - 8.

Colfax 0870.