

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

Do not use this space.

20108

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis Mo. (No. 2310 N. 11th St.)

File No.

Registered No. **5875**

St. Ward)

2. FULL NAME

Infant Minter

(a) Residence. No. 2310 N. 11th St. St. 26 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26 - 1927

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, 7 1/2 hrs. or 15 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none 1576

(b) General nature of industry, business, or establishment in which employed (or employer)

1598
158

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Joseph Minter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

12. MAIDEN NAME OF MOTHER

Myrtle McStee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT (Address)

Joseph Minter
2310 N. 11th St.

15.

FILED

IN 27 1927 Maub Starloff

REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1927

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....
that I last saw h. alive on 19....., and that death occurred, on the date stated above, at 5-25 AM.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital Debility.
Potent Foramen Ovale.

CONTRIBUTORY (SECONDARY) Premature Birth of M. Int.

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

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. W. Dath M.D.
6/27 1927 (Address) Deputy Coroner

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Friedens

DATE OF BURIAL

June 27 1927

20. UNDERTAKER

By Leidner and Co. N. Market

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.

THIS IS A PERMANENT RECORD

