

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

Do not use this space.

4462

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. 5600, Arsenal)

File No.....  
 Registered No. 1125  
 St. 24th Ward

**2. FULL NAME** Alise Minor

(a) Residence No. 1014 N. 11th St. 25 Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1 yrs. 6 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1 - 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs.	or mi.
	<u>1</u>	<u>6</u>	<u>14</u>		

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) 107A 89A  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER William C. Claren  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo.  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Viola Minor  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.  
 (STATE OR COUNTRY)

14. INFORMANT Miss M. Deadrisk  
 (Address) Isolation Hospital

15. FILED 23 1929 May C. Farley  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1928 to Jan 15, 1929 that I last saw h. s. alive on Jan 15, 1929, and that death occurred, on the date stated above, at 6:45 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
 (1) Pertussis 3 weeks  
 (2) Bronchopneumonia 3 days  
 (3) Otitis Media Acute Purulent 3 days

CONTRIBUTORY (SECONDARY) Secondary Bacterial Pneumonia  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1014 N. 11th St  
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Biological  
 (Signed) George S. Garrison, M. D.  
1-15, 1929 (Address)

\*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 Father Dixon DATE OF BURIAL 1-23, 1929

20. UNDERTAKER B. Leonard and Co. ADDRESS 2702 Leaton

WRITE PAINTLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

