

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

Do not use this space.

38524

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City 1003**)

File No.

Registered No. **10919**

St. Ward)

2. FULL NAME

(a) Residence. No. **1406 No Grand St** Ward. **11**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **7** 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 12 - 1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 8 27

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

10. NAME OF FATHER **Thos Minters**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT (Address) **Dr. ...**

15. FILED **NOV - 2 1929** REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 8 1929**

17. I HEREBY CERTIFY, That I attended deceased from **Oct 13 1929** to **Nov 8 1929** that I last saw him alive on **Nov 8 1929** and that death occurred, on the date stated above, at **7:30 am**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
**Atrophic Cirrhosis of Liver
Chronic Peri Splanchnic
Post Operative Adhesion (Rt. Adrenal
removal)
from operation for Appendicitis
Passage Sphincter
CONTRIBUTORY (SECONDARY)
? (duration) yrs. mos. ds.**

18. WHERE WAS DISEASE CONTRACTED (NOT AT PLACE OF DEATH) **1406 No Grand**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF **✓**

WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Washerman Autopsy**
(Signed) **Benj. Margulies** M. D.
11/8 1929 (Address) **City 1003**

*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 **Paduean Ky** DATE OF BURIAL **11/9 1929**

20. UNDERTAKER **Meek and Dickman** ADDRESS **3039 Bostons**

WRITE PLAINLY, WITH FADING 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.

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