

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

Do not use this space.

2558

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. City Hospital 2)

File No. ....  
Registered No. 251  
St. .... Ward)

**2. FULL NAME**

Minnie Green Weaver  
(a) Residence, No. 4283 W. Easton St. 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Green Weaver</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-15-1875</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>8</u>
	DAYS <u>21</u>	IF LESS than 1 day, .....hrs. or .....min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Hotel 235</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

13. NAME James Franklin

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

17. INFORMANT A. Eltrude Coates (ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 1/9 1932

19. UNDERTAKER Walter (ADDRESS) 1677 S. Main St. St. Louis, Mo.

20. FILED Jan - 8 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-4-1932 to 1-6-1932

I last saw h. alive on 1-6-1932 Death is said

to have occurred on the date stated above, at 3:10 m.

The principal cause of death and related causes of importance were as follows:

463  
Cancer of Stomach  
(malignant)  
1 year  
Other contributory causes of importance:  
46B D

Name of operation ..... Date of .....

What test confirmed diagnosis? Micro Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter M. D.

(Address) City Hospital #2

WRITE PLAINLY, 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.

