

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

Do not use this space.

13757

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 784  
Township St. Ferdinand Primary Registration District No. 6030  
City Florissant (No. Florissant, Mo.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Florissant, Mo. St. \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Laura Miniea</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16, 1861</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>10</u>
		<u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
MOTHER	13. NAME <u>Jesse Miniea</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
	15. MAIDEN NAME <u>Louise Adams</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
FATHER	17. INFORMANT <u>Laura Miniea</u> (ADDRESS) <u>Florissant Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL <u>St. Ferdinand</u> DATE <u>April 29, 1932</u>	
19. UNDERTAKER (ADDRESS) <u>Jas. Dr. Clark</u> <u>1120 Hodgeson Ave</u>		
20. FILED <u>577</u> 19 <u>32</u> <u>Emmory Harris</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1932

22. I HEREBY CERTIFY That I attended deceased from Feb 2nd, 1932, to April 26, 1932  
I last saw him alive on April 25, 1932. Death is said to have occurred on the date stated above, at 9:07 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
577 B 310  
2A  
Other contributory causes of importance:  
Carcinoma of Bladder

Date of onset	<u>4-24-32</u>
	<u>4-1-32</u>

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? No  
If so, specify \_\_\_\_\_  
(Signed) J. J. Millman, M. D.  
(Address) Florissant 9728

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.

MAY 28 1932

