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.

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

Do not use this space.

30395

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8045

City St. Louis (No. Eckerte City Hosp. St. ..... Ward)

2. FULL NAME Minnie Eliza Oldham

(a) Residence, No. 1241 A Aubert St. 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Wh

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) Nov 12-1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Cuba N. Y.

FATHER

13. NAME Geo. M. Oldham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER

15. MAIDEN NAME Marietta Keller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) Claire D. Oldham 5330 Delmar Bl

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews DATE Sept 6 1932

19. UNDERTAKER (ADDRESS) Chas F. Stuart 1225 Union Blvd

20. FILED SEP -5 1932 19 Max C. Starkey Registrar 9/5/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician Attendance, 19..., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:30 m 11:15 AM

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

Chronic Intestitial Nephritis. 131

Date of onset

Other contributory causes of importance: 131

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? .....

If so, specify .....

(Signed) J. W. Kerner, M. D.

(Address) Dep. Coroner