

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

Do not use this space.

33499

1. PLACE OF DEATH

96 County St. Louis
Township Carondelet
City St. Louis (No. W. N. Rose)

Registration District No. 1127
Primary Registration District No. 648 E

File No. _____
Registered No. 347 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2930 Widemann St. _____ Ward _____

(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 female 4. COLOR OR RACE W 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) Apr. 21 1913
7. AGE YEARS 19 MONTHS 6 DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dresslady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 173
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) St. Louis 1

MOTHER / FATHER 13. NAME William Mintner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Leta Rey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT (ADDRESS) Mrs. A. Mintner mother

18. BURIAL, CREMATION, OR REMOVAL PLACE M. Custers Cem DATE 10-26 1932

19. UNDERTAKER (ADDRESS) Witt Bros. & Co. 29 25 S. Jefferson Ave

20. FILED Oct. 9 1932 L. Brock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1932, to 10-27, 1932

I last saw her alive on 10-22, 1932 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Tuberculosis T.B. Date of onset _____

33A 25 10 1

Other contributory causes of importance:

T.B. Intensive

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Charles H. Jones, M. D.

(Address) 7101 S. Broadway

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.

NOV 28 1932

MARGIN RESERVED FOR BINDING

V. No. 2

