

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

Do not use this space.

7809

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 111083  
City St. Louis, Mo. (No. ....), Sanitarium St. .... Ward)

File No. ....  
Registered No. 1779

**2. FULL NAME**

Minnie Cherry  
(a) Residence, No. 2637 Iowa (Usual place of abode) (If nonresident, give city or town and State)  
City St. Louis, Mo. (No. ....), Sanitarium St. .... Ward)

Length of residence in city or town where death occurred 71 yrs. + mos. da. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
about 71

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Arthur P. Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE February 22, 1933

19. UNDERTAKER (ADDRESS) A.W. McLaughlin

20. FILED FEB 21 1933 Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Feb 20, 1933  
I last saw her alive on Feb 19, 1933. Death is said to have occurred on the date stated above, at 7 AM m.

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

Chronic Myocarditis  
95  
77

Date of onset  
July  
1930  
+  
July  
1930  
+

Other contributory causes of importance:  
Atherosclerosis

Name of operation None Date of None

What test confirmed diagnosis? clinical 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 None  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify None  
(Signed) Arthur P. Smith, M. D.  
(Address) 5400 Arsenal

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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