MARGIN RESERVED FOR BINDING

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.

14757

1. PLACE OF DEATH

County ..... Registration District No. 781 ~~1006~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3266

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

2. FULL NAME Minerva Oswald

(a) Residence, No. Route #4 St., 4 Ward. Highland Ill
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-14-1910

7. AGE: YEARS 23 | MONTHS 1 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 140

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

FATHER

13. NAME: George Koelz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Tillie Hug
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Arthur Oswald. Highland Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Ill DATE 4/11 1933

19. UNDERTAKER (ADDRESS): Peetz Bros. 3029 Lafayette Ave

20. FILED APR -8 1933 19 Max [illegible] Registrar. 4/8/33

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3, 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:30 A.m.

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

General Peritonitis due to perforated uterus, following an abortion, whether criminal or

Other contributory causes of importance: self-induced could not be ascertained

Date of onset

140

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? open Verdict Date of injury Unk, 19—

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

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

Manner of injury Abortion

Nature of injury Gen. Peritonitis

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

If so, specify .....

(Signed) Harold [illegible], M.D.

(Address) Deputy Coroner