

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

Do not use this space.  
**31279**

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **701 1003**  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City **St. Louis** No. **City Wash**

File No. \_\_\_\_\_  
Registered No. **7979**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. **5528** **Man. 7** Ward. \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **30** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 15 - 1874**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>59</b>	<b>2</b>	<b>27</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Work**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Home**  
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) **No**

13. NAME **Jean Miner**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **?**

15. MAIDEN NAME **Martha Brook**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **L**

17. INFORMANT **Ray Dept Medical** (ADDRESS) **City Wash**

18. BURIAL, CREMATION OR REMOVAL PLACE **St Johns Park** DATE **Sept 15, 1933**

19. UNDERTAKER **H. J. Leidner and Co** (ADDRESS) **11417 W. Market St**

20. FILED **SEP 14 1933** **J. H. Benedict** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 12, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **8-31, 1933, to 9-12, 1933**

I last saw him alive on **9-12, 1933** Death is said to have occurred on the date stated above, at **3:40** p. m.

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

**Hypertensive Heart Disease (Chronic Myocarditis)**  
**Cerebral Hemorrhage**  
**Arteriosclerosis**

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? **Chn** Was there an autopsy? **W**

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) \_\_\_\_\_, M. D.

(Address) **City Wash**

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.

SEP 20 1933

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