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.

100M-11-24-33

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

OCT 11 1934

Do not use this space.

34480

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Bethesda Hospital St. ..... Ward)

File No. .....

Registered No. 9284

2. FULL NAME Minette P. Ker.

(a) Residence, No. #4515 Washington Blvd. Ward. 12
(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) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28-1867.

7. AGE YEARS 67. MONTHS 2. DAYS 22. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At 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) Washington D.C.

FATHER

13. NAME William Powell.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton, Ohio

MOTHER

15. MAIDEN NAME Clara Chenoweth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (unknown) N. Virginia

17. INFORMANT (ADDRESS) Dr G. W. Tillberg. #4515 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem. DATE 9/20, 1934

19. UNDERTAKER (ADDRESS) C. R. Lupton Eng Sons. #4449 Olive St.

20. FILED SEP 20 1934, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-2, 1934 to 9-19, 1934

I last saw her alive on 9-18, 1934. Death is said to have occurred on the date stated above, at 5 a.m.

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

Lues - C.N.S.

34

34

Date of onset

Other contributory causes of importance:

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? No

If so, specify .....

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

(Address) 4500 Olive

Mr J. W. Henderlite
Lister Bldg.
FO 3800
10 - 12 a.m.