

JUL 27 1935

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

Do not use this space.

21738

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Carondelet Jefferson Barracks Mo Primary Registration District No. 6248 B
 City ← (No. Veterans Hospital) St. ← Ward ←

File No. ←
 Registered No. 219

2. FULL NAME MINER, Ollie L.
 (a) Residence, No. 9515 Trascott Avenue St. ← Ward. Overland, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred Un yrs. kn mos. wn ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 May Ruth Miner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
37 11 0

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Red Top Cab Company

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation All his life

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

13. NAME Lester Miner

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

15. MAIDEN NAME Mary Warren

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

17. INFORMANT W. C. Gibson, M. D.
 (ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE 6-20-35

19. UNDERTAKER (ADDRESS) C. Hoffmeister, 1126 7014 So. Broadway

20. FILED June 20, 1935 A. Mowrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1935 to June 17, 1935

I last saw him alive on June 17, 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Nephritis, chronic, associated with uremia

Other contributory causes of importance:
Hypertension, moderate.
Arteriosclerosis, peripheral
Anemia, symptomatic, severe.

Name of operation None Date of findings History, physical, x-ray and lab.
 What test confirmed diagnosis? Was there an autopsy? Yes
clinical manifestations.

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) W. C. Gibson, M.D. Chief Med. Officer
 (Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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.

