MAR 12 1936

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

791

Do not use this space.

7938

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 1608

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

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

2. FULL NAME Minnie Forsythe Wills

(a) Residence, No. 7480 Cornell St., N.R. Ward. U. City, Mo.
(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: Chas. E. Wills

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 26-1870

7. AGE: YEARS 65 | MONTHS 11 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 2/8/36

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ansted, W. Va.

FATHER

13. NAME: Abe Forsythe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): W. Va.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Ruth Bertram, 7480 Cornell U. City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Calvary DATE 2-13-1936

19. UNDERTAKER (ADDRESS): Baumann Bros Inc. 2504 Woodson Overland, Mo.

20. FILED FEB 13 1936, 19.. J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1936, to Feb. 10, 1936

I last saw her alive on Feb. 10, 1936. Death is said to have occurred on the date stated above, at 7 P.m.

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

Coronary Thrombosis — Date of onset 2-10-38

Other contributory causes of importance: Hypertension — arteriosclerosis — Myocarditis Chronic — 1925

Name of operation: None Date of —

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 —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Herman J. Klaus, M. D.

(Address) 9621 Lockland Rd. Overland, Mo.

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.