APR 11 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space. 12643-a

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 2679

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

City Saint Louis (No. 3029 Semple Avenue St. ..... Ward)

2. FULL NAME Lee Minor

(a) Residence, No. 3029 Semple Avenue St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Fannie Minor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1878

7. AGE: YEARS About 58 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glenco Cement Co.
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centuar Missouri

FATHER

13. NAME Jack Minor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Missouri

MOTHER

15. MAIDEN NAME Pauline Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Missouri

17. INFORMANT (ADDRESS) Jack Minor 3035 Semple Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE March 11, 1936

19. UNDERTAKER (ADDRESS) Charles J. Sates 4107 Finney Avenue

20. FILED MAR 10 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-6-, 1935, to March 8th, 1936

I last saw him alive on March 8th, 1936. Death is said to have occurred on the date stated above, at 2:35 P.M.

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

Acute nephritis

Date of onset

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Other contributory causes of importance:

Acute articular rheumatism

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? XXXX 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. T. Edmonds, M. D.

(Address) 1419 Delmar Boulevard

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.

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1. PLACE OF DEATH

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. 1003 Registered No. 2679

City St. Louis (No....., ..., St. ....., Ward)

2. FULL NAME Lee Minor

(a) Residence, No. 3029 Semple Ave. St., ..., Ward. .....
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	B	M

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	Aby 58			

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.....

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT..... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE.....19.....

19. UNDERTAKER..... (ADDRESS)

20. FILED 4-23-1936 J. J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1936

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

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

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

	Date of onset
Chronic Nephritis	
acute nephritis & rheumatism	
caused by Chr arthritis	
Other contributory causes of importance:	
Chronic Articular Rheumatism	

57a

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?.....

If so, specify.....

(Signed) J. G. Edwards, M. D.

(Address) 1419 Delmar Blvd.

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