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.

JUL 14 1936

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

Do not use this space. 24691

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6313

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

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

2. FULL NAME Minnie Block

(a) Residence, No. 4308 No 20 th St. St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 24 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 26, 1857

7. AGE: YEARS 78 | MONTHS 6 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework
10. Date deceased last worked at this occupation (month and year): About 1920
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warrentown Missouri

FATHER

13. NAME: Gorge Block
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Lisetta Nietied
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Jordan Kelling M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrenton Mo. DATE June 23, 1936

19. UNDERTAKER (ADDRESS): Alexander & Sons. 6170 Delmar Blvd.

20. FILED JUN 22 1936, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1, 1936, 19..., to June 20, 1936, 19...
I last saw her alive on June 20, 1936, 19... Death is said to have occurred on the date stated above, at 1.10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema: acute suppurative	1
Other contributory causes of importance: Lobar pneumonia - acute right lower lobe. unclassified.	1-21-36

108

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Jordan Kelling, M. D.
(Address) City Sanitarium St. Louis, Mo

00M-1-20-36 I X7044