

SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH St. Mary's Infirmary **791**

County..... Registration District No. **1003**
Township..... Primary Registration District No. **1003**
City St. Louis, Mo. (No. ~~1003~~ **1003**) St. Mary's Inf. St. **18** Ward

32988

File No. **8870**

2. FULL NAME Minnie Lookhart

(a) Residence, No. 1114 South Cardinal St., **18** 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 **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alonzo Lookhart - Husband

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - - - - 1912

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>24</u>	-	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Arkansas
(STATE OR COUNTRY)

13. NAME Stephen Crenchall

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

15. MAIDEN NAME Minnie Jordan

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

17. INFORMANT (ADDRESS) 1114 S. Cardinal

18. BURIAL, CREMATION, OR REMOVAL Marion... dates Aug 27, 1936

19. UNDERTAKER (ADDRESS) C. J. ...

20. FILED AUG 26 1936 J. Brodeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 22nd, 1936, to August 23rd, 1936

I last saw her..... alive on August 23rd, 1936. Death is said to have occurred on the date stated above, at 12:55A.

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

Date of onset

Post Partum Hemorrhage

Other contributory causes of importance:

Child Birth

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) Francis S. ..., M. D.

(Address) St. Mary's Infirmary

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

