

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....
City St. Louis,Primary Registration District No.....
City Hospital No. 1

B. 14287 (No.)

File No. 4351
Registered No. 1534
St. Ward)

2. FULL NAME

Baby Miner

(a) Residence, No. 3303 a North 11th 26 Ward.

(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 und	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2, 1937

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
stillborn			

OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.	nil
	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) St. Louis, Missouri
(STATE OR COUNTRY)

13. NAME Francis Miner

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Eleanor Bredemeyer

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
(STATE OR COUNTRY)17. INFORMANT Hosp. Info. M.H. Kent
(ADDRESS) City Hospital No. 118. BURIAL, CREMATION, OR REMOVAL
PLAC City Cemetery DATE 1-29-3719. UNDERTAKER David Van...
(ADDRESS) S.H. #120. FILED FEB 3 - 1937 J. Bredemeyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/2/37 19

22. I HEREBY CERTIFY That I attended deceased from
1/2/37 to 1/2/37

I last saw h? alive on 1/2/37 19..... Death is said

to have occurred on the date stated above, at 3.15 p.m.

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

Stillborn Date of onset

Other contributory causes of importance:

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. E. G. M. D.

(Address) City Hospital No. 1

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.

STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS—A PERMANENT RECORD

1-20314

