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. 791 File No. 31956

Township ..... Primary Registration District No. 1003 Registered No. 9216

City St. Louis (No. 3655 Botanical Av. ..... Ward)

2. FULL NAME Mrs. Minerva Priester

(a) Residence. No. 3655 Botanical Ave. 17 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	2	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ill
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Mulkey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Helen Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky.

14. INFORMANT Harry Frubeaus
(Address) 3655 Botanical

15. FILED ..... 19 Max C. Starkloff REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1928, to Sept. 14, 1928 that I last saw her alive on Sept. 14, 1928, and that death occurred, on the date stated above, at 1 45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of hip, right, accidental falling to floor
Accident
(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis, hypostatic pneumonia no Lobar or Bronchitis
(duration) many yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) Alfred M. Langenbach, M. D
Sept. 14, 1928 (Address) 3650 Botanical Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bellefontaine Cem.	Sept 17 1928

20. UNDERTAKER	ADDRESS
Dickman-Harrel	1905 Univ.

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.