

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

Do not use this space.

8292

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo (No. St. Louis Childrens Hospital) St. 1942 (Ward)

2. FULL NAME Meria Minter

(a) Residence. No. 3158 School St., 21 Ward.
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-5-1929

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

17. I HEREBY CERTIFY, That I attended deceased from 2-4-1929, to 2-5-1929, that I last saw her alive on 2-5-1929, and that death occurred, on the date stated above, at 5 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-4-29

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	-	-	1	

Prematurity 159
 (duration) 0 yrs. 0 mos. 7 ds.
 CONTRIBUTOR 16100
 (SECONDARY)
 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, Home

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo
 (STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS? Toxamatal & Autopsy
 (Signed) A. C. Edwards M. D.

10. NAME OF FATHER Lee Minter

1-6, 1929 (Address) 6500 Kings Highway

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

12. MAIDEN NAME OF MOTHER Christina

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

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

14. INFORMANT Whemena
 (Address) 500 S. Kings Highway

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Body released to Washington University Dept of Pathology
 20. UNDERTAKER for Anatomical Purposes.
 ADDRESS

15. FILED FILED 19 Mar 2 REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. OCCUPATION should be stated EXACTLY.

