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

Do not use this space.

19856

File No. 5475

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis, Mo. (No. 5600, Arsenal St. 24th Ward)

2. FULL NAME Minnie B. Smith

(a) Residence. No. 5600 Arsenal St., 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4-1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	10	11	

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

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

PARENTS

10. NAME OF FATHER Oscar Steinheil

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

12. MAIDEN NAME OF MOTHER Bessie Arthur

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

14. INFORMANT Miss May Neadrich
(Address) Isolation Hospital

15. FILED MAY 17 1929, 19 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/15 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/21, 1929, to 5/15, 1929, that I last saw h. alive on 5/15, 1929, and that death occurred, on the date stated above, at 10.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, Chronic Pulmonary 23 A
Myocarditis, Acute 98 A
Pneumothorax 110 B (duration) yrs. 1 mos. 24 ds. +

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 24 ds.

18. WHERE WAS DISEASE CONTRACTED Unknown.
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Sputum Exam.

(Signed) [illegible], M. D
5/16, 1929 (Address) 5600 Arsenal St.

*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
St. Peter & Paul Cem.	May 18 1929
20. UNDERTAKER	ADDRESS
J. N. Gebhardt & Co	2848 Morganford

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