

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

Do not use this space.

39299

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791¹
Primary Registration District No. 003
No. 3027 Semple Avenue

File No.....
Registered No. 12318
St. Ward)

2. FULL NAME Herbert Miner

(a) Residence. No. 3027 Semple Avenue St. 6 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 30, 1928

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

1	1	15	
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Daniel Miner
Missouri

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

12. MAIDEN NAME OF MOTHER Beatrice Collins

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

14. INFORMANT Beatrice Miner
(Address) 3027 Semple Avenue

15. FILED DEC 15 1929
19 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-16-1929

17. I HEREBY CERTIFY, That I attended deceased from 10-30-1928 to 11-15-1929 that I last saw him alive on 11-15-1929 and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Acute nephritis
due to La grippe

11/13
130 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) La grippe (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. 3027 R. Semple Ave

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. T. Edwards, M.D.

, 19 (Address) 1419 Morgan St. City.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood Cemetery DATE OF BURIAL 12-18-29

20. UNDERTAKER Watts Funeral Home ADDRESS 407 Finney

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.

PARENTS

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