

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

Do not use this space.

32477

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1009**  
City **St. Louis** (No. **City Hospital**)

File No. ....  
Registered No. **9275**  
St. .... Ward)

#9400

**2. FULL NAME** *William Edw. Miner*

(a) Residence, No. **3303 no. 114** St. **No.** Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred *4* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** *male* **4. COLOR OR RACE** *white* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** *single*  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** *single*

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** *Aug 29-1931*

**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**  
*3<sup>0</sup>*

**8. Trade, profession, or particular kind of work done, as spinner, 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) (STATE OR COUNTRY)** *St. Louis Mo.*

**13. NAME** *Francis Miner*

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *St. Louis Mo.*

**15. MAIDEN NAME** *Eleanor Bredemeyer*

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *St. Louis Mo.*

**17. INFORMANT (ADDRESS)** *Hospital information*

**18. BURIAL, CREMATION, OR REMOVAL PLACE** *St. John's* DATE *Sept 2, 1931*

**19. UNDERTAKER (ADDRESS)** *W. J. Heenaner 91 (Co) 1417 N. Market*

**20. FILED** *SEP - 2 1931* *W. C. Starbuck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *Sept. 1st 1931*

**22. I HEREBY CERTIFY, That I attended deceased from** *Aug 29th 1931 to Sept 1st 1931*  
**I last saw him alive on** *Sept 1st 1931* **Death is said to have occurred on the date stated above, at** *2:00 P.M.*  
**The principal cause of death and related causes of importance were as follows:**

*160c  
Septicemia  
Hemorrhage  
at birth*

**Name of operation** *Autopsy* **Date of** *Sept*  
**What test confirmed diagnosis** *Autopsy* **Was there an autopsy?** *Yes*

**23. If death was due to external causes (violence), fill in also the following:**  
**Accident, suicide, or homicide?** **Date of injury** *1931*  
**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) *George Johnson, M. D.*  
(Address) *City Hospital*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1/1/1/1