

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.

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

Do not use this space.

JUL 14 1936

21531

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Primary Registration District No. **003**
 City **St. Louis Mo** (No. **City Hospital No. 2**)

File No.....
 Registered No. **5786**
 St..... Ward.....

2. FULL NAME

(a) Residence, No. **620 E N - Summit 21**
 (Usual place of abode)
 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 Female	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) May 2 1923		
7. AGE	YEARS 13	MONTHS 0
	DAYS 27	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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	

School-Boil of Lungs

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
	13. NAME Bruce Minger
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
	15. MAIDEN NAME Pauline Cotton
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
	17. INFORMANT (ADDRESS) July Gudean 1945-
18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Wisconsin Dept 19	
19. UNDERTAKER (ADDRESS) L. L. Deal and Co	
20. FILED JUN 2 1936 J. Bredbeck Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 23 1936**

22. I HEREBY CERTIFY, That I attended deceased from **4-21-1936**, to **5-23-1936**
 I last saw her alive on **5-23-1936** Death is said to have occurred on the date stated above, at **10:30 P.**
 The principal cause of death and related causes of importance were as follows:
Metastatic Sarcoma Date of onset **4-21-36**
Crummey Focus right femur
 Other contributory causes of importance:
53

Name of operation..... Date of.....
 What test confirmed diagnosis? **Chemical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 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) **Jos. B. Harris**, M. D.
 (Address) **29 730 Madison**

