

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

Do not use this space.

2753

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. St. Johns Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. \_\_\_\_\_  
 Registered No. 419

**2. FULL NAME**

Minnie D. Wescoat  
 (a) Residence. No. 5018 Bancroft St. 10 Ward \_\_\_\_\_  
 (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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15 - 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
44 3 26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) at home  
 (c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Oscar Muehl

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Clarence Wescoat  
 (Address) 5018 Bancroft

15. FILED Jan 22 1926 Max G. Starckoff  
 REGISTAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 11 - 1926  
 17. \_\_\_\_\_

I HEREBY CERTIFY, That I attended deceased from Dec 31<sup>st</sup> 1925 to Jan 11<sup>th</sup> 1926 that I last saw her alive on Jan 11<sup>th</sup> 1926, and that death occurred, on the date stated above, at 8:45 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocarditis acuta  
1 2 3  
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Asthma

operation for Gall stones  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 31<sup>st</sup> 1925

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) W. G. Gallacher, M. D.  
 , 19 (Address) 4101 Olive

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Bellville Ill. Jan. 14 1926

20. UNDERTAKER ADDRESS  
Alexander & Sons 6175 Delmar

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.

MARGIN RESERVED FOR BINDING

