

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

Do not use this space.

22617

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis Mo.** (No. **6148 South Grand**)

File No.....  
 Registered No. **6265**  
 St. .... Ward)

**2. FULL NAME**

**Thomas H. Minnich**  
 (a) Residence. No. **6148 So. Grand** St., **1** 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 **Male** 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **7-29-1890**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**36 11 7**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Mechanics**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Dentist**  
 (c) Name of employer

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

10. NAME OF FATHER **Frank Minnich**

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

12. MAIDEN NAME OF MOTHER **Mary Fogarty**

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

14. INFORMANT **Gertrude Minnich**  
 (Address) **6148 So. Grand Ave.**

15. JUL - 3 1927 **May 6 Starkoff**  
 FILED 19... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 6 - 1927**

17. I HEREBY CERTIFY That I attended deceased from **June 13**, 19**27**, to **July 6**, 19**27**, and that I last saw him alive on **July 6**, 19**27**, and that death occurred, on the date stated above, at **5:30 P.**

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

**Pleurisy with Pneumonia  
 labor. right side.**

(duration) yrs. mos. ds. **21**  
 CONTRIBUTORY **Empyema**  
 (SECONDARY) **Staphylococcus**  
**feccis** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **1010**  
 IF NOT AT PLACE OF DEATH...

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **June 26<sup>th</sup> 27**  
**1** **deoperation of pus**  
 WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Clincal & Laboratory**  
 (Signed) **H. P. Gravel** M. D.  
 , 19**27**. (Address) **2905 Cherokee 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 **Lakewood Park lawn.** DATE OF BURIAL **July 9 - 1927**

20. UNDERTAKER **Ziegenhein Bros. 2623 Bluepine St.**

K. 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.

RECORD THIS IS A PERMANENT RECORD

