

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

Do not use this space.

22637

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **003**

Registered No. **6869**

City **St. Louis**

(No. **5430 Rickselburger Ave** St. Ward)

2. FULL NAME

Minnie Reiman

(a) Residence, No. **5430 Rickselburger Ave** St. **14** Ward.

(Usual place of abode)

(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 12 - 1865**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **62 9 17**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **at Home**

(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) **Mo**

10. NAME OF FATHER **Jack Heil**

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

12. MAIDEN NAME OF MOTHER **Marie Mochel**

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

14. INFORMANT **Mrs Edmee Bauer** (Address) **5430 Rickselburger Ave**

15. JUL -2 1928 FILED **May C Stork** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 29 1928**

17. I HEREBY CERTIFY That I attended deceased from **Mar 14**, 1927, to **June 29**, 1928 that I last saw her alive on **June 29**, 1928, and that death occurred, on the date stated above, at **9:28 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Pancreas
4 1/2 yrs (duration) **1 yrs 3 mos 14 ds**

CONTRIBUTORY (SECONDARY) **49** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH **2043rd Ann Ave**

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **Jan 24/28**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Laparotomy**

(Signed) **H.M. Zimmer**, M.D. (Address) **2134 Gravois Ave**

*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 **New St. Marcus** DATE OF BURIAL **July 2 1928**

20. UNDERTAKER **Wachor-Helderle** ADDRESS **2331 5 Blaney**

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.

