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.

13009

1. PLACE OF DEATH

County ..... Registration District No. ..... 91 1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3564

City St. Louis. (No. 5410 Devonshire Avenue. St. ..... Ward)

2. FULL NAME Minnie Dressler

(a) Residence. No. 5410 Devonshire Ave. St., 14 Ward. (If nonresident give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph Dressler.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 29, 1874.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	6	23	

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.

PARENTS

10. NAME OF FATHER Matheus Rapp.

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

12. MAIDEN NAME OF MOTHER Dont Know.

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

14. INFORMANT Adolph A. Dressler
(Address) 5410 Devonshire Avenue.

15. FILED ....., 19..... Max C. Tarkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3/22

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1929

17. I HEREBY CERTIFY, That I attended deceased from March 4th, 1929, to March 22, 1929 that I last saw her alive on March 22, 1929, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of Liver n. non Alcoholic

(duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (SECONDARY) myocarditis Chronic

(duration) ..... yrs. ..... mos. 18 ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Joseph Gill, M. D

March 22 1929 (Address) 3636 Hebert

*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 Cemetery.

DATE OF BURIAL Mar 25 1929.

20. UNDERTAKER J. H. Gebken L & U. Co.

ADDRESS 2842 Meramec