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

Do not use this space.

20030

File No. 5691

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. , Sanitarium St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Hiemry Minard

(a) Residence. No. 2811 So. 9th St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 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)
Male	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude Minard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 14. 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	42	7	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Oiler
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. James
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) "
(STATE OR COUNTRY) "
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) "

14. INFORMANT William T. Geitler M.D.
(Address) 5400 Arsenal St.

15. FILED MAY 22 1929 May C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1929

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1929, to May 21, 1929, that I last saw h alive on May 21, 1929, and that death occurred, on the date stated above, at 8:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Huntington's Chorea
8/D

(duration) 1 yrs. 2 mos. 3 ds. +

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) William T. Geitler, M. D.
May 22, 1929 (Address) 5400 Arsenal 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 — DATE OF BURIAL May 25 1929

20. UNDERTAKER Wacker-Helderle — ADDRESS 2331 So. Broadway

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.

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