

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

Do not use this space.

29181

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No. **29181**

Township.....

Primary Registration District No. **1003**

Registered No. **8660**

City St. Louis (No. Essex to City Hospital Ward)

2. FULL NAME

Minnie C. Klasing

(a) Residence. No. 5802 Eastern Ave. St. 6 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 2 - 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	64	9	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sales Lady
(b) General nature of industry, business, or establishment in which employed (or employer) Baker Shop
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER Henry Klasing

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

12. MAIDEN NAME OF MOTHER Herritta Driemer

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

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

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at 5 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock + injuries (Fractured Skull due to falling from window)
(duration) yrs. mos. ds.

CONTRIBUTOR (SECONDARY) 109 Suicide
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8. DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. W. Kerner, M. D.
Address Dep. Coron

*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 - DATE OF BURIAL

St. John Cemetery North Aug 24 1929
20. UNDERTAKER ADDRESS

Geo. L. Pleitsch 5966 Eastern Ave

14. INFORMANT Mrs. Ernest Heiland
(Address) 5802 Eastern Ave

15. FILED 19 REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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