

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

Do not use this space.

35241

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791  
 Township St. Louis Primary Registration District No. 1063  
 City St. Louis No. 3808 Sullivan St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
 Registered No. 9978  
 St. \_\_\_\_\_ (Ward)

**2. FULL NAME**

Minnie Kissner  
 (a) Residence No. 3451 Texas St. 214 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
71 6 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Work  
 (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 Hy Stricker

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Henry Kissner (Address) 3808 Sullivan Ave

15. FILED 1929 Mar 6 Starr REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1929, to Oct 10, 1929, that I last saw h. a. a. alive on Oct 10, 1929, and that death occurred, on the date stated above, at 11:20 P. m.

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

Carcinoma of Stomach (Pyloric)  
4680 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 440 (duration) yrs. mos. 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) J. J. Mardel, M. D.

, 19 29 (Address) 2806 N. Grand Blk.

\*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 Bethania DATE OF BURIAL 10-12 1929

20. UNDERTAKER Wm. Schumacher ADDRESS 3013 Meador

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.

2806 R. K. ...