

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

Do not use this space.

14514

1. PLACE OF DEATH

County..... Registration District No. 7001
Township..... Primary Registration District No. 35
City St Louis (No. 3539 Delor St)

File No. 3862
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Minna Kluge
(a) Residence. No. 3539 Delor St St. 15 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>August F Kluge</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 31 1855</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	
		DAYS
		<u>15</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at Home</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 1930

17. I HEREBY CERTIFY, That I attended deceased from April 1st, 1930, to April 15, 1930 that I last saw her alive on April 14, 1930, and that death occurred, on the date stated above, at 5:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis with Acute Dilatation following Strep. Grippe
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Indurated Nephritis
(duration) 3 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Urinalysis
(Signed) H. K. Kluge, M. D.
4/15 1930 (Address) 3807 S. Broadway

*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 <u>Concordia</u>	DATE OF BURIAL <u>April 18 1930</u>
20. UNDERTAKER <u>Thos H. Bidderwey</u>	ADDRESS <u>1926 St Louis Ave</u>

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS	10. NAME OF FATHER <u>Wm Fischer</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Eleanora Remmert</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Aug F Kluge
(Address) 3539 Delor St

15. FILED 1930 Wm C. Starckoff REGISTRAR

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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