

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

Do not use this space.

20769
20769 5563

1. PLACE OF DEATH

County Registration District No. 781
 Township Primary Registration District No. 1003
 City St. Louis, Mo. (No. 4742 Newport Avenue) St. Ward)

2. FULL NAME Minna Panneck

(a) Residence. No. 4742 Newport Avenue St., 15 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 11, 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	65	7	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

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

10. NAME OF FATHER Ottomar Hildebrandt

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

12. MAIDEN NAME OF MOTHER Amelia (Unknown)

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

14. INFORMANT Henry Panneck
 (Address) 4742 Newport Avenue

15. FILED MIN - 8, 1933 Ray E. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5th, 1930

17. I HEREBY CERTIFY. That I attended deceased from Jan 10, 1930 to June 5th, 1930 that I last saw h. alive on June 3, 1930 and that death occurred, on the date stated above, at 2:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

62A Cerebral Hemorrhage
79 (apoplexy)

CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) 2 yrs. - mos. - ds.

18. ~~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
6/7 (Signed) Andrew Youngman, M. D.
 , 1930 (Address) 4602 Gravois Blvd.

*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 Concordia DATE OF BURIAL June 9 1930

20. UNDERTAKER Wacker Hildebr ADDRESS 2331 S. Brdwy.

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.

