

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

Do not use this space.

8265

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1000
 City St. Louis Mo. (No. 1508 Monroe)

File No.
 Registered No. 2658
 St. Ward)

2. FULL NAME

Minnie Birkhimer
 (a) Residence. No. 1508 Monroe St. 26 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 Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Housewife 23 1/2
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Herman
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
 (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
 (STATE OR COUNTRY)

14. INFORMANT Raymond Birkhimer
 (Address) 1508 Monroe St.

15. FILED 27 Mar 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 19 31

17. I HEREBY CERTIFY, That I attended deceased from Feb 26 1931, to Feb 26 1931, that I last saw her alive on Feb 26 1931, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Bronchitis
non tubercular
106A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 106A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) George Mueller, M. D.
Feb 27, 1931 (Address) 1502 St Louis

*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 Salerno DATE OF BURIAL Feb 28 1931

20. UNDERTAKER Wey Lechner & Co. ADDRESS 7. Market

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.

1902, Jan.

2-3