

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. 201

Township.....

Primary Registration District No. 2003

City St. Louis (No. Jewish Hospital)

File No. 36027

Registered No. 10548

**2. FULL NAME**

Minnie H. Aldrich

(a) Residence, No. 121 Mason St., 12 Ward.

Webster Grove Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 14 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Aldrich</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 14 - 1854</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>3</u>	DAYS <u>2</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Skaneateles New York</u>		
FATHER	13. NAME <u>Charles P. Thayer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
MOTHER	15. MAIDEN NAME <u>Julia A. Melloin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berghamton New York</u>	
17. INFORMANT (ADDRESS) <u>J. Williams 121 Mason and Webster Grove</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Palmyra N.Y.</u> DATE <u>Oct 19 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Parham and Co. 15 W. Lockwood Webster Grove Mo</u>		
20. FILED <u>Oct 27 1931</u> <u>Mrs. Esters</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-30, 1931, to 10-16, 1931  
I last saw her alive on 10-16, 1931. Death is said to have occurred on the date stated above, at 4:10 a.m.  
The principal cause of death and related causes of importance were as follows:  
Hemiplegia Apoplectic  
Coronary sclerosis  
Other contributory causes of importance: 9413 88A JPA

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify..... (Signed) L. E. Friedman, M. D.  
(Address) Jewish Hospital

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.

MAINTAINED RESERVED FOR BIRTH

NO. 2.

