

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

Do not use this space.

10260

1. PLACE OF DEATH

County..... Registration District No. *201*
Township..... Primary Registration District No. *1005*
City *St. Louis* (No. *3412*, *St. Vincent ave*) St. Ward)

File No.
Registered No. *2280*
St. Ward)

2. FULL NAME

Minnie Warner
(a) Residence No. *3412 St. Vincent ave*, St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *43 yrs. 2 mos. 10 ds.* How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF <i>Fredrick J. Warner</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>sep 17 - 1888</i>		
7. AGE	YEARS <i>43</i>	MONTHS <i>2</i>
	DAYS <i>20</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Home Work</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>	
	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) <i>St. Louis</i>		
FATHER	13. NAME <i>Henry Hayes</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Cat. Hullenbrueck</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT <i>Fred Warner</i> (ADDRESS) <i>3412 St. Vincent ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cabary</i> DATE <i>March 10 1932</i>		
19. UNDERTAKER <i>Edgar G. Howard & Son</i> (ADDRESS) <i>4218 St. Vincent Ave</i>		
20. FILED <i>1932</i> <i>W. J. Warner</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 7 - 1932*

22. I HEREBY CERTIFY that I attended deceased from *March 5* to *March 7* 1932
I last saw him alive on *March 7* 1932 Death is said to have occurred on the date stated above, at *3:45 P.M.*
The principal cause of death and related causes of importance were as follows:
Acute Cardiac Insufficiency
Other contributory causes of importance:
Chronic Suppurative Appendicitis with focal testis

Name of operation..... Date of.....
What test confirmed diagnosis? *21* Was there an autopsy?.....

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 *Chronic*
(Signed) *W. J. Warner*, M. D.
(Address) *1537 Grouden*

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.

