

MARGIN RESERVED FOR BIDDING

WRITE MAINLY, WITH UNFADING INK---THIS IS 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.

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

Do not use this space.

10526

1. PLACE OF DEATH

County
Township St. Louis
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 70113

File No.
Registered No. 2590
St. Ward)

2. FULL NAME

Minnie Kormaran
(a) Residence, No. 41329 Ashland Ave. Ward. 10
(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 Wm. Kormaran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
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) St. Louis

13. NAME Fred Schmiedestamp

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

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Harry Lammann
41329 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John DATE Mar 19 1932

19. UNDERTAKER (ADDRESS) Henry Leidner & Co
417 N. Massachusetts

20. FILED 18 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10th, 1924, to March 4th, 1932. I last saw her alive on March 4th, 1932. Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
131
92C
Chronic interstitial nephritis

Name of operation Date of
What test confirmed diagnosis? 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? no
If so, specify

(Signed) H. W. Seurmann, M. D.
(Address) 3108 Chippewa St

No. 16. *sermon*
3007 *Cliff*