

**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.

791

Township

Primary Registration District No.

City St. Louis

(No. Jewish Hospital)

File No.

14624

Registered No.

4013

St.

Ward)

2. FULL NAME Meiners haged, Minnie

(a) Residence, No.

(Usual place of abode)

St.

12 Ward. Warrenton Mo

(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

August H Meinershagen

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

July-19-1865

7. AGE

YEARS

66

MONTHS

9

DAYS

4

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

235

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)

Warrenton Mo

MOTHER FATHER

13. NAME

Charles Youm

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

Ohio

15. MAIDEN NAME

Sarah Mulhall

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

Penn

17. INFORMANT

(ADDRESS)

C. F. Meinershagen
154 65 Washington

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Warrenton Mo

DATE

4-25-32

19. UNDERTAKER

(ADDRESS)

Meinershagen & Marshall
Chillicothe Mo

20. FILED

APR 20 1932

St. Louis

Max C. Stankov

Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1932

22. I HEREBY CERTIFY, That I attended deceased from

4/17

1932 to 4/23

1932

I last saw her alive on 4/3

1932

Death is said

to have occurred on the date stated above, at 1:05 a.m.

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

Date of onset

Relapsing Edema 4/23/32

117B

117B

Other contributory causes of importance:

Relapsing Pyoderma 6 mos.

Metastatic Abscess of Abdomen?

Diabetic Cyst.

Name of operation Diast. L. hysteromy Date of 4-29-32

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) Max C. Stankov, M. D.

(Address) Jewish Hospital

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.

