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.

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

Do not use this space.

3277

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~[illegible]~~ File No. 3277

Township ..... Primary Registration District No. ..... Registered No. 164

City St. Louis (No. 4407, Holly ave. St. ..... Ward)

2. FULL NAME Minnie P. Kahmann.

(a) Residence, No. ..... St., 10 Ward. ..... (If nonresident, give city or town and State)
(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.

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 Wm. F. Kahmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1873

7. AGE: YEARS 59 | MONTHS 6 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME Rudolph Niebruegge.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Minnie Brune
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Wm F. Kahmann 4407 Holly ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Zion Cemetery DATE Jan. 6, 1933

19. UNDERTAKER (ADDRESS) Wm. M. Schumacher 4831 Natural Bridge ave

20. FILED JAN - 5 1933 Judy C Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Jan 3, 1933

I last saw her alive on Jan 3, 1933 Death is said to have occurred on the date stated above, at 6 p.m.

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

Acute Dilatation Heart — Date of onset

911

95 B

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) A H Downey, M. D.

(Address) 2342 St Louis Ave