

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.

18179

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis Mo. (No. 2181 Linton Ave)

File No.
Registered No. **4387**
St. Ward)

2. FULL NAME

Minnie Bloecher
(a) Residence, No. 2181 Linton Ave St.; 9 Ward.

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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15th 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 7 2

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

13. NAME Adam Bloecher

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

15. MAIDEN NAME Louise Roth

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

17. INFORMANT Mrs Edith Pabst (ADDRESS) 2181 Linton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St Johns North DATE May 20, 1933

19. UNDERTAKER Hy Leidner Und Co (ADDRESS) 1417 S Market St

20. FILED May 19 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from September 18, 1932, to May 17th 1933. I last saw her alive on May 17th 1933. Death is said to have occurred on the date stated above, at 6:35 P.M.

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

CARCINOMA LEFT MAMMARY GLAND, AND OF FUNDUS UTERI is the primary seat.
Other contributory causes of importance 48
Date of onset JUNE 1932

Name of operation X Date of X
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?
If so, specify
(Signed) E. Weaver Johnson M. D.
(Address) 818-819 Ambassador Bldg.

