

**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. **1018**  
 City **St Louis** (No. **St John's Hospital**)

File No. **24710**  
 Registered No. **6111**  
 St. .... Ward)

**2. FULL NAME**

**Minnie Dryer**  
 (a) Residence, No. **1023 Irma Ave** St. **17** Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **60** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widow</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Fred W. Dryer</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept 18, 1849</b>		
7. AGE YEARS <b>83</b>	MONTHS <b>10</b>	DAYS <b>2</b>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At home</b>		
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) <b>Mulwaukee, Wis</b>		
13. NAME <b>Herman Merncke</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
15. MAIDEN NAME <b>Wilhelma Barthold</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
17. INFORMANT <b>Lena Smith</b> (ADDRESS) <b>1023 Irma Ave</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Lakewood Park</b> DATE <b>July 13, 1933</b>		
19. UNDERTAKER <b>Alexander &amp; Sons</b> (ADDRESS) <b>617 S. Delmar</b>		
20. FILED <b>JUL 13 1933</b> <b>J. J. Bredeck</b> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/11/33 - 19**

22. I HEREBY CERTIFY, That I attended deceased from **6/1/33, 19** to **7/11/33, 19**  
 I last saw him **alive on 7/11/33, 19** Death is said to have occurred on the date stated above, at **630 p.m.**  
 The principal cause of death and related causes of importance were as follows:  
**Myocardial degeneration**  
**936 arteriosclerosis**  
 Other contributory causes of importance: **936**

Date of onset	<b>2</b>
	<b>2</b>

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

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) **O. H. Falk** M. D.  
 (Address) **Remond and Kelly**

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.

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Q. P. F. Salt - 2001  
3720 Washington.

John Ross / 3720  
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