

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.

37832

1. PLACE OF DEATH *St. Louis*
 County *St. Louis* Registration District No. *1123*
 Township *Carondelet* Primary Registration District No. *62184* File No. _____
 City _____ (No. *4937* *Hummelshheim*) Registered No. *356* St. _____ Ward _____

2. FULL NAME *Minnie Lahn*
 (a) Residence, No. *4937* *Hummelshheim* Ward. _____
 (Usual place of abode) _____ (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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *m* (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Philip*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 13 - 1859*
 7. AGE YEARS *73* MONTHS *11* DAYS *2* If LESS than 1 day, _____ hrs. or _____ min.
 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) *Germany*
 13. NAME *Hoffman*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
 15. MAIDEN NAME *Unknown*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
 17. INFORMANT *Philip Lahn*
 (ADDRESS) *4937 Hummelshheim*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *New Orleans La* DATE *Nov 17 1933*
 19. UNDERTAKER (ADDRESS) *John L Zugewhauer, 7027*
 20. FILED *Nov 16 1933* *L. C. Obook* M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 15 1933*
 I HEREBY CERTIFY, That I attended deceased from *Nov 1 1933* to *Nov 15 1933*
 I last saw him alive on *Nov 14 1933* Death is said to have occurred on the date stated above, at *7 P. M.*
 The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency
Arterio-sclerosis
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ 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? *No* 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) *Isidore M. Whorres* M. D.
 (Address) *5003 Massena*

