

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.

MAR 1 5 1935

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. 1002
City St. Louis 3511 Hartford St

File No. 3794
Registered No. 1142
St. Ward)

2. FULL NAME Frederick Minges

(a) Residence, No. 3511 Hartford St., 16 Ward.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Minges</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 19 - 1857</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>1</u>	DAYS <u>12</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pirat. Watchman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Commission House</u>
	10. Date deceased last worked at this occupation (month and year) <u>Jan 28 - 1934</u>
11. Total time (years) spent in this occupation <u>8 years</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

FATHER 13. NAME Frederick Minges

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

MOTHER 15. MAIDEN NAME Ann Krause

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

17. INFORMANT Elizabeth Minges
(ADDRESS) 3511 Hartford St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Feb 2 1935

19. UNDERTAKER J. H. Selkowitz
(ADDRESS) 2624 Grand Blvd St. Louis

20. FILED 1 1935
J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1935, to Jan 31 1935
First saw him alive on Jan 31 1935. Death is said to have occurred on the date stated above, at 2 A. m.

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

Chronic myocarditis
Bronchial pneumonia
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Other contributory causes of importance:
Chronic interstitial nephritis

Name of operation..... Date of.....
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) D. Ross J. Smith M. D.
151 (Address) 3624 50th Brown

Dr Fr Smith
12 To 2
6 Fr 8