NOV 9 1935

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

Do not use this space.

34585

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9027

City St. Louis (No. MO Baptist Hospital St. ..... Ward)

2. FULL NAME Minerva Dolores Crimmins

(a) Residence, No. ..... St., NR Ward. Sullivan MO
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 28th 1934

7. AGE YEARS 1 MONTHS 5 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Sullivan MO

FATHER
13. NAME Jim Crimmins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon MO

MOTHER
15. MAIDEN NAME Dell Immedus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan MO

17. INFORMANT (ADDRESS) Minerva Immedus Sullivan MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan MO DATE Oct. 29th 1935

19. UNDERTAKER (ADDRESS) Albert H Hoffe Inc 429 N. Euclid Ave

20. FILED OCT 28 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1935, to Oct 26, 1935

I last saw her alive on Oct 26, 1935. Death is said to have occurred on the date stated above, at 1 30 p.m.

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

Empyema, left (Streptococcus hemolyticus) — Date of onset: About Oct 3, 1935?

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Other contributory causes of importance: Pneumonia, left lobar

Name of operation Aspiration of l. pleura Date of 10/24 - 10/25

What test confirmed diagnosis? Culture of pus 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? No
If so, specify .....
(Signed) Roland Kieffer, M. D.
(Address) 4500 Olive

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.