

APR 11 1936

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. **1003**
City **St. Louis** (No. **6736**, **Alabama**) File No. **12882**
Registered No. **2945** St. Ward)

2. FULL NAME

Oliver C. Minden
(a) Residence, No. St. 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) **Louis E. Minden**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 27 1893**
7. AGE YEARS **43** MONTHS **1** DAYS **20** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**
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 **1**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo**

13. NAME **Wm. C. Nuth**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Columbia, Ill.**

15. MAIDEN NAME **Corra Harmon**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Chester, Ill.**

17. INFORMANT (ADDRESS) **Louis E. Minden 6736 Alabama**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Ann's Cath** DATE **3-20-36**

19. UNDERTAKER (ADDRESS) **C. Hoffmeister U-I Co. 7814 So. Broadway**

20. FILED **MAR 18 1936** **J. T. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 17 1936**
22. I HEREBY CERTIFY, That I attended deceased from **March 15 1936 to March 17 1936**
I last saw **her** alive on **March 17 1936** 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:

Pneumonia Acute Date of case **3/17/36**
Scarlet fever **3/5/36**

Other contributory causes of importance: **Scarlet fever**

Name of operation **None** Date of
What test confirmed diagnosis **Culture** 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 **J. W. Coffman** M. D.
(Signed) **J. W. Coffman**
(Address) **6607 Va. Ave**

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.

