

JUN 5 1936

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

Do not use this space.

20947

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *Shrewport Mo.* (No. *5351 Delmar*)

File No.....  
Registered No. **5148**  
St. .... Ward)

2. FULL NAME

*Miss Minnie Kindhaush*  
(a) Residence, No. *5351 Delmar* St., *12* Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred *7 yrs. 6 mos. 1 ds.* How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 5-1849</i>		
7. AGE	YEARS <i>86</i>	MONTHS <i>5</i>
	DAYS <i>8</i>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Retired housewife</i>	
	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) <i>New Melle, Missouri</i>		
FATHER	13. NAME <i>Fred Kindhaush</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Do not know</i>	
MOTHER	15. MAIDEN NAME <i>Louise Kuning</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Do not know</i>	
17. INFORMANT <i>Mrs. Helveth Baer</i> (ADDRESS) <i>5351 Delmar Blvd</i>		
18. CREMATION, OR BURIAL PLACE <i>Delmar</i> DATE <i>5/15</i> 19 <i>36</i>		
19. UNDERTAKER <i>Reynolds &amp; Sons</i> (ADDRESS) <i>6175 Delmar Ave</i>		
20. FILED <b>MAY 13 1936</b> <i>J. T. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 13* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 12* 19*29*, to *May 13* 19*36*  
I last saw *her* alive on *May 12* 19*36* Death is said to have occurred on the date stated above, at *3:40* A. M.  
The principal cause of death and related causes of importance were as follows:  
*Chronic Hypertension* Date of onset *2 yrs.*

Other contributory causes of importance:  
*Dementia* *1 yr.*

Name of operation..... Date of.....  
What test confirmed diagnosis *Phys. Ex.* 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 *None*  
(Signed) *John Panning*, M. D.  
(Address) *528 77 Grand Blvd.*

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.

