

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.

JUL 14 1936

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

Do not use this space.

24592

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **ST. LOUIS** (No. **5946**, **PAMPLIN**)

File No. ....  
Registered No. **6213**  
St. .... Ward)

2. FULL NAME **MINNIE HUNEKE**

(a) Residence, No. **4671 Pope** St., **9** 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) **WIDOWED**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JAN 24, 1858**  
7. AGE YEARS **78** MONTHS **4** DAYS **23** 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.....

12. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS** (STATE OR COUNTRY) **MO.**

MOTHER 13. NAME **WILLIAM MOELLER**

14. BIRTHPLACE (CITY OR TOWN) **GERMANY** (STATE OR COUNTRY)

15. MAIDEN NAME **MINNIE FEIDMEIER**

16. BIRTHPLACE (CITY OR TOWN) **GERMANY** (STATE OR COUNTRY)

17. INFORMANT **Miss Hilda Huneke** (ADDRESS) **4671 Pope Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Buhers** DATE **June 20, 1936**

19. UNDERTAKER **A. Ross L. H. Co.** (ADDRESS) **2707 N. Grand Ave**

20. FILED **JUN 18 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 17, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 10, 1936** to **June 17, 1936**  
I last saw her alive on **June 17, 1936** Death is said to have occurred on the date stated above, at **9:48** m.

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

**Senile Dementia** Date of onset **1/1, 1935**  
**97**  
**Arterial Sclerosis** **1/1, 1935**

Other contributory causes of importance: **Arterial Sclerosis**

Name of operation ..... Date of .....  
What test confirmed diagnosis? **Physic Exam** **Robert, Ill** 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) **Clara M. ...** M. D.  
(Address) **958 Arcad. Bess**

