NOV 4 1936

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

Do not use this space. 39778 39792

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 10832

City ST. LOUIS MO (No. 1807 BENTON STR St. ..... Ward)

2. FULL NAME ELIZABETH MINDERLE

(a) Residence, No. 1807 BENTON St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN 8TH 1858

7. AGE: YEARS 78 MONTHS 9 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSE WORK
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: AT HOME
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): ST. LOUIS MO

FATHER
13. NAME: DAMIEN MINDERLE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

MOTHER
15. MAIDEN NAME: ELIZABETH SHOKI
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

17. INFORMANT (ADDRESS): Stella Hoffman 1807 Benton St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: GALVARY DATE: OCT 30TH, 1936

19. UNDERTAKER (ADDRESS): AUG. BROCKLAND L&U. CO. 1421 N. 9 STR.

20. FILED: OCT 29 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): OCT 28TH, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Oct 28, 1936
I last saw her alive on Oct 27, 1936 Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	1 yr
Other contributory causes of importance:	
Arterial Sclerosis & arterial Hypertension	1 yr

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? 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? .....
If so, specify .....
(Signed) J. O. Peeler, M. D.
(Address) 2506 No 15th

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.

100M-3-28-35