

MO 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Charles*
Township *St. Charles*
City *St. Charles* (No. *2*)

Registration District No. *757*
Primary Registration District No. *3036*

File No. *7860*
Registered No. *35*
St. _____ Ward _____

2. FULL NAME

Mrs Minnie Eads
(a) Residence, No. *Carulite Home* St. *1* Ward. *1*
(Usual place of abode)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 *A. J. Eads*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 20th, 1869*

7. AGE YEARS *67* MONTHS *1* DAYS *3* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. *Housewife*

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) *St. Louis, Mo*

FATHER 13. NAME *Samuel Buchler*

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

MOTHER 15. MAIDEN NAME *Wilhelmina Kaestle*

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

17. INFORMANT (ADDRESS) *Mrs Kolwey*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove Cemetery* DATE *Feb. 25 1937*

19. UNDERTAKER (ADDRESS) *St. Charles - Bonn*

20. FILED *2/24* 1937 *Clarence H. Wessler* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *February 23, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *February 13, 1937*, to *February 23, 1937*
I last saw her alive on *February 22, 1937*. Death is said to have occurred on the date stated above, at *7:10 a.m.*

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

Essential Hypertension Date of onset *2*
and Coronary Disease *2*
Generalized Atherosclerosis

Other contributory causes of importance: *AKIS*
Cerebral Apoplexy right *2/13/37*

Name of operation _____ Date of _____
What test confirmed diagnosis? *Clinical* 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) *R. O. Hayden*, M. D.
(Address) *St. Charles, Mo.*

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

