MAY 7 1937

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

Do not use this space.

14957

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 791 File No.

Township Primary Registration District No. 1003 Registered No. 4453

City (No. 4632A Carter Ave. St. Ward)

2. FULL NAME Mrs. Minnie Lienema n

(a) Residence, No. 4632a Carter Ave. St., 7 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed Henry Lieneman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1872

7. AGE YEARS 64 MONTHS 7 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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 Charles Vincent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Wilhelmenia Knapp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Schulte 4640a Carter

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter&Paul DATE May 1st. 1937

19. UNDERTAKER (ADDRESS) Stroot Carroll Undertaking Co. 4600 Nat'l Bridge Ave.

20. FILED APR 29 1937 J. A. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28th'37, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1937, to Apr 28, 1937

I last saw her alive on Apr 28, 1937. Death is said to have occurred on the date stated above, at 11:30 a m.

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

Malignant ~~Sepsis~~ Primary Hepatoma of liver Myocarditis Acute Sept 1936

Date of onset Sep 1936

Other contributory causes of importance: Cachexia

Name of operation Explotary Date of Apr 3 1937

What test confirmed diagnosis? Microscopic 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) C. Hinseman, M. D.

(Address) 4126 Shrew 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.

THIS IS A PERMANENT RECORD

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