OCT 14 1937

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

Do not use this space.

32499

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 8553

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. FIRMIN DESLOGE HOSPITAL Ward)

2. FULL NAME MINNIE VISSERING MILLER WILLMAN

(a) Residence, No. 1841 S. 14th ST. St., 23 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*): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY 7 1897

7. AGE: YEARS 40 MONTHS 4 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSEWORK

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 Missouri

FATHER

13. NAME: FREDRICK VISSERING

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

MOTHER

15. MAIDEN NAME: RUNA UKENA

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

17. INFORMANT (ADDRESS): FRED WILLMAN 1841 S. 14th St

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW PICKERS DATE SEPT 11, 1937

19. UNDERTAKER (ADDRESS): E. J. Schnur 3125 Lafayette Ave.

20. FILED SEP 11 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Sept. 9, 1937

I last saw her alive on Sept. 9, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

	Date of onset
Post-operative Fecal Fistula (Ileum to Ant. Abd. Wall)	7/1/37

Other contributory causes of importance:

Starvation Syndrome

Name of operation Ectopic Pregnancy Date of 6/29/37

What test confirmed diagnosis? Salpingetomy. Was there an autopsy?

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. V. Boedeker, M. D.

(Address) 1325 S. Grand Blvd.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD