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.

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

Do not use this space.

OCT 12 1938

3 791

1. PLACE OF DEATH

County ..... 1 Registration District No. 1003 File No. 30559

Township ..... Primary Registration District No. ..... Registered No. 7996

City St. Louis (No. Stone Nursing Home-5861 Cates St. ..... Ward)

2. FULL NAME Minnie Crozat 623

(a) Residence, No. 6327a Minnesota Ave. St., ~~12~~ Ward. 1 (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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luchian Crozat

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 30th. 1855.

7. AGE: YEARS 83 MONTHS 2 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY) St. Louis, Mo. 920

FATHER
13. NAME Harry Buehler 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Marie Mundy 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Emma Bolte 3552 Crittenden St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Sept. 10- 1938

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED SEP - 9 1938 19 J. D. Brehler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7th. 1938

22. I HEREBY CERTIFY That I attended deceased from July 8 1938, to Sep 7 1938
I last saw her alive on Sep 1 1938. Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

Mitral Stenosis (Gangrene result of Coronary thrombosis) — Date of onset: 5 years ago from Hisln.

Other contributory causes of importance:
gangrene Left 3+4 M Toes amputated 2 Toes Aug 16 38 (no sugar in Urine)

Name of operation Toe amputation Date of Aug 16 38
What test confirmed diagnosis? Heart Murmur 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?
If so, specify M
(Signed) F. F. Zeller, M. D.
(Address) 7119 So Bdway St Louis

WACKER-HELDERLE U. & L. CO. Undertaking Co.

Address 2331 So Broadway.

St. Louis, Mo.

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described cadaver:

Full name Minnie Crozat. Race White

Place and date of death Stone Nursing Home. 5861 Cates Av.

Physician (~~or Coroner~~) signing Certificate Dr. F. F. Zeller.

Place and date of Embalming 2331 So Broadway 9/7/38

Remarks

Signed Frank J. Dyland. Missouri License No. 2645