

REC'D MAR 13 1939

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

4591
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **of St. Louis** (d) Street No. **2820 Henrietta St.** Registered No. **1284**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S.; if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **360 Minna Wetterau**

(a) Residence, No. **2820 Henrietta Street** St. **23** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widow of John**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 4, 1843**
7. AGE YEARS **96** MONTHS **1** DAYS **2** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Mill**
9. Industry or business in which work was done, as 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) **Germany**

FATHER 13. NAME **Unknown**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Edw. Wetterau**
2820 Henrietta St

18. BURIAL CREMATION OR REMOVAL PLACE **St. Paul Churchyard** DATE **2/9/38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **A. W. McLaughlin**
2301 Lafayette Avenue

20. FILED **9 FEB 9 1939** **J. F. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/6/39**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 2** 19**39**, to **Jan 6** 19**39**
I last saw h. **aw** alive on **Jan 3** 19**39** at **5:05 P.M.** Death is said to have occurred on the date stated above, at **m.**
The principal cause of death and related causes of importance were as follows:

Cardiac decomposition
956
Other contributory causes of importance:
Terminal pneumonia
Bronchial

Name of operation **None** 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) **Virgil O. Taylor** M. D.
(Address) **634 N. Grand St. St. Louis**

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.

