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

Do not use this space.

18037
30779

SEP 13 1934

791

1. PLACE OF DEATH

County..... Registration District No. 1003 File No.....

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

City St. Louis (No. ~~40~~ Deaconess Hospital St. ..... Ward)

2. FULL NAME Minnie Koelscher

(a) Residence, No. 4005 Lucas St. 10 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: Wife of E. F. Koelscher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 6, 1876

7. AGE: Years 58 years; Months 4; Days 28; 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): Stanton Ill.

FATHER

13. NAME: Wm. Finke

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

MOTHER

15. MAIDEN NAME: Caroline Bruegmann

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

17. INFORMANT (ADDRESS): Ernst Koelscher 4005 Lucas

18. BURIAL, CREMATION, OR REMOVAL PLACE: Stanton Ill DATE: Aug. 6, 1934

19. UNDERTAKER (ADDRESS): Beiderwieden 1930 St Louis Ave

20. FILED: AUG 8 1934 J. P. Bedick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/4/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/12/34, 19, to 8/4/34, 19

I last saw her alive on 8/4/34, 19 Death is said to have occurred on the date stated above, at 2:15 A.m.

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

	Date of onset
Auricular Fibrillation	8/4/33
Myocardial insufficiency	
acute cardiac dilatation	

Other contributory causes of importance:

Eclampsia of abdomen
Chronic pustular eczema
of all extremities

Name of operation..... Date of.....

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

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.....

(Signed) [illegible] M. D.

(Address) 1535 S. Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

160M-11-24-33

#2

St Louis City

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

8037

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Minnie Haelscher

Who died at Firmin Desloge Hosp. on Aug 4 - 1934

Residence: No 4005 Treek St.

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years 1 yr Months Days

Sex F Color or race W ~~Single~~, married, ~~widowed or divorced:~~

Date of birth march sixth Age: Years 58 Months 4 Days 28

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month Year

Birthplace (State or country) Granular fibrillation

Birthplace of father (State or country) Myocardial insufficiency

Birthplace of mother (State or country) ac cardiac dilatation

Principal cause of death: Myocarditis, chronic.

Edema of abdomen. Ch passive congestion

Other contributory causes of importance Gall bladder

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

Was disease or injury in any way related to occupation of deceased?

If so, specify

Name of physician

Address of physician

Signature of Registrar J. F. Bredeck 9-25-34 Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh M.D.
S. C.

Reg. Dist.No.

Primary Reg. Dist. No.

Special Agent.