

FEB 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **5011**, **Clayton**) St. Ward)

File No. **3159**
Registered No. **383**

2. FULL NAME **Minnie Cause**(a) Residence, No. **5011 Clayton** St. **7** Ward.

(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.

(If nonresident, give city or town and State)

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

Harry Cause

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

April 25, 1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

45**8****15**

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.

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 Mo

FATHER

13. NAME

Charles Van Baeren

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

Germany

MOTHER

15. MAIDEN NAME

Hank Knaut

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

" "

17. INFORMANT (ADDRESS)

**Harry Cause
5011 Clayton Ave**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Graves** DATE **1/13 1936**

19. UNDERTAKER (ADDRESS)

**Graves Co
3710 N. Grand Blvd**

20. FILED

19 **36** **J. H. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from

May 11, 1935, to Jan 10, 1936I last saw her alive on **Jan 7, 1936**. Death is saidto have occurred on the date stated above, at **11:15 A. M.**

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

nephritis chronic

Date of onset

131

Other contributory causes of importance:

**psychitis non calculeus
cause unknown**

Name of operation Date of

What test confirmed diagnosis? 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?

(S. ecify 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) **William H. Grundmann**, M. D.(Address) **2519 N. Jefferson 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.

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

