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.

SEP 10 1937

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

Do not use this space.

29162

1. PLACE OF DEATH

County 2 Registration District No. 791

Township 1 Primary Registration District No. 1003

City St. Louis (No. 4762a Cote Brilliant Ave. St. Ward)

File No.

Registered No. 7795

2. FULL NAME Minnie P. Yewell

(a) Residence, No. 4762a Cote Brilliant St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Frank M. Yewell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17th, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
62	2	0	

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) Illinois

FATHER

13. NAME Jessie Mann

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

MOTHER

15. MAIDEN NAME Unknown Jones

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

17. INFORMANT Colleen Hannis
(ADDRESS) 4762a Cote Brilliant Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hiram Cemetery DATE Aug. 20th 1937

19. UNDERTAKER Drehmann Naval
(ADDRESS) 1905 Union Blvd.

20. FILED AUG 19 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-16, 1937, to 8-17, 1937

I last saw h. alive on 8-16, 1937 Death is said to have occurred on the date stated above, at 3:50 P.M.

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

	Date of onset
Arteriosclerosis general.	
Arteriosclerotic Heart disease	
Pulmonary edema	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Exam. 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) M. B. Kirstein, M. D.

(Address) 609 Metropolitan Bldg.

Metropolitan Bldg
1:30 - 4:30