

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

Do not use this space.

25897

1. PLACE OF DEATH

County..... Registration District No. 704 File No.
 Township..... Primary Registration District No. 14008 Registered No. 17511
 City St. Louis (No. 3833^a Minnesota Ave St. Ward)

2. FULL NAME

(a) Residence. No. 3833^a Minnesota St, 24 Ward. (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred Lisbertz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15-1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 3 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Diehl

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Marie Lindorf

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
 (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Joseph Zirkheld
 (Address) 5207 Raymond Ave

15. FILED AUG 22 1927 Marb. Starceff
 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 19 27

17. I HEREBY CERTIFY, That I attended deceased from August 9th, 1927 to Aug 20, 1927
 that I last saw him alive on Aug 20, 1927 and that death occurred, on the date stated above, at 12 noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis (Coronary Fibrillation)

93C
195A (duration) yrs. ?? mos. ds.

111B Edema of Lungs
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED 90B
 IF NOT AT PLACE OF BIRTH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Arthur M. D

8/22 1927 (Address) 1460 So Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cemetery DATE OF BURIAL 8-23 1927

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966. Easton 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.

WHILE IN PRINT, WITH CHANGING MATTERS IS AN ENORMOUS RECORD

1466 to Grand.

12 to 2,30 Oil