1928

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

Do not use this space.

401

34651

1. PLACE OF DEATH
County: St. Louis
Township: CARONDELET
City: (No. MT. SAINT ROSE SANATORIUM St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 R

File No.
Registered No. 401

2. FULL NAME Catherine Diel

(a) Residence. No. 133 E. Etta St., 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4 - 1900

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
27 ~~26~~	7	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Alsace
(STATE OR COUNTRY) Lorraine

PARENTS
10. NAME OF FATHER Severine Arnold
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Marie [illegible]
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Hospice Records
(Address) MT. SAINT ROSE SANATORIUM

15. Nov 15 1927 L. C. Obrod
FILED 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1927, to Nov. 14, 1927, that I last saw h. alive on Nov. 14, 1927, and that death occurred, on the date stated above, at 12:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1a Lobar Pneumonia
(duration) 0 yrs. 0 mos. 4 ds.

CONTRIBUTORY (SECONDARY) none
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

11/14, 1927 (Signed) Jacomia Schlenker, M. D.
(Address) 3515 S. Grand Bl. Mo.

*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: Assumption Cem.
DATE OF BURIAL: Nov. 16 1927

20. UNDERTAKER: Fendler Und. Co.
ADDRESS: 7819 Mich. 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.