

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

Do not use this space.

38749

1. PLACE OF DEATH

County..... Registration District No..... **791**
 Township..... Primary Registration District No..... **1003**
 City..... **St. Louis mo** (No. **3436**), **Hartford St**

File No.....
 Registered No. **11476** St. Ward)

2. FULL NAME

(a) Residence. No..... St., **16** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 21st 1927**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, of hours or min.
 — — — — **6 1/2**

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER **Carl J. Didden**

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

12. MAIDEN NAME OF MOTHER **Catherine Kackaler**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis mo**
 (STATE OR COUNTRY)

14. INFORMANT **C. Didden**
 (Address) **3436 Hartford St**

15. FILED **Dec 22 1927** **Max B. Starke**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 21 1927**

17. I HEREBY CERTIFY That I attended deceased from **Dec 21**, 19**27** to **Dec 21**, 19**27**, and that I last saw him alive on **Dec 21**, 19**27**, and that death occurred, on the date stated above, at **5:30** p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth (3 weeks) due to Hydranurias
 (duration) yrs. mos. **1** da.

CONTRIBUTORY (SECONDARY) **158**
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **Not at place of death**

9 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical**
 (Signature) **Edwin J. Freeman**, M. D.

(Address) **7924 S. Grand Bl**

*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 **St Peter & Pauls** DATE OF BURIAL **Dec 22/ 1927**

20. UNDERTAKER **J. H. Gelber & Co** ADDRESS **2628 Graving**

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.

THIS IS A PERMANENT RECORD

