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

Do not use this space.

8843

1. PLACE OF DEATH

County ..... Registration District No. 1003 (791) File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2519

City St Louis (No. 4481, Beck Av. St. ..... Ward)

2. FULL NAME Emilia Neidel

(a) Residence. No. 4481 Beck Av. St., 15 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 29 - 1854

7. AGE: Years 74, Months 8, Days 25, If LESS than 1 day, ... hrs. or ..... min.

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

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

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PARENTS

10. NAME OF FATHER: Henry Dittmers

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

12. MAIDEN NAME OF MOTHER: Emilia Dittmer

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

14. INFORMANT: Albert Neidel
(Address): 4481 Beck ave.

15. FILED FEB 25 1929 Max C Starkey REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 24 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 1926, to ....., 1929 that I last saw her alive on Feb. 24, 1929, and that death occurred, on the date stated above, at 3 35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilatation
Uremia
131
930
97
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Chronic myocarditis, Arteriosclerosis, Hypertension, Chronic nephritis, Chronic Cystitis
(duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? [illegible]
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? General examination + observation, [illegible] analysis
(Signed) ....., M. D
, 19 (Address) [illegible] 1657 S 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: St Paul Churchyard
DATE OF BURIAL: Feb 27 1929

20. UNDERTAKER: J H Gebken
ADDRESS: 2630 Gravois Av.

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.

Grand - Lafayette

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