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

Do not use this space.

38309

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 413

City Koch (No. R. Koch Hosp. St. Ward)

2. FULL NAME Dietrich, Elizabeth

(a) Residence. No. 3308 Nebraska St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 16 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 19 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	34	11	29	

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) Bohemia
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jos. Bozdeck
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bohemia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Polak
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Koch Records
(Address) Koch, Mo.

15. FILED Nov 19, 1929 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18 1929

17. I HEREBY CERTIFY, That I attended deceased from April 2 1927, 19, to Nov. 18, 1929 that I last saw her alive on Nov. 18, 1929, and that death occurred, on the date stated above, at 6:45 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A

25

About 3 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal Tuberculosis

About 8 Months (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) R. L. Ehrlich, M. D.

11/18/29 (Address) Koch Hospital

*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: Sp. Burial's Churchyard — DATE OF BURIAL: Nov. 21 1929

20. UNDERTAKER: Albert Traube — ADDRESS: 819 Russell

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.

JUL 23 1946