

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

Do not use this space.

37466

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St Louis (No. 3134a Maury Ave)

File No. ....

Registered No. 10519

St. .... Ward)

**2. FULL NAME** Dorothea Dippold

(a) Residence. No. 3134 a Maury Ave St. 16 Ward. ....

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Dippold

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>83</u>	<u>9</u>	<u>25</u>	

**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)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Wm Bergman

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Elizabeth Sarig  
(Address) 3154 Maury Ave

15. FILED 1936 Maxie Walker  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1930

17. I HEREBY CERTIFY 13 That I attended deceased from Sept 13 to Nov 4 1930 that I last saw h. in alive on Nov 4, 1930 and that death occurred, on the date stated above, at 10:50 P M m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

801 97 Cerebral Hemorrhage  
(duration) ..... yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis  
(duration) 1 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank Hinchey M. D.

11.45 30 (Address) 306 Humboldt St

\*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 Trinity Cemetery

DATE OF BURIAL  
Nov 6 1930

20. UNDERTAKER

Theo. H. Berderwiden

ADDRESS 1936  
St Louis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

