

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

Do not use this space.

9398

96  
6  
1. PLACE OF DEATH  
County St. Louis Registration District No. 786  
Township Maplewood Primary Registration District No. 4469  
City Maplewood (No. 7412 Flora Ave)  
2. FULL NAME Anna Sophie Louise Diekmeyer File No. \_\_\_\_\_  
(a) Residence, No. 7412 Flora Ave St. \_\_\_\_\_ Ward. Germany Registered No. 19  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Widow 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Diekmeyer  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1853  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 9 18  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10  
13. NAME Frederick Obermeyer  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Thrugkoff  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
17. INFORMANT (ADDRESS) Chas F Diekmeyer  
7412 Flora Ave Maplewood  
18. BURIAL, CREMATION, OR REMOVAL PLACE Waukegan Ill DATE Mar 29 1932  
19. UNDERTAKER (ADDRESS) Walter Lind Co  
Webster Groves Mo  
20. FILED 328 1932 Mercedes Schuster  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25 1932  
22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1932, to Mar 25, 1932  
I last saw h. alive on Mar 25, 1932. Death is said to have occurred on the date stated above, at 6 P m.  
The principal cause of death and related causes of importance were as follows:  
acute gastroitis  
1156  
162 / 118  
Other contributory causes of importance:  
benign debility  
Date of onset Mar 20  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) H B Gussard, M. D.  
(Address) 2904 Benton Ave  
Maplewood Mo

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.

APR 29 1932

