

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.

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

Do not use this space.

18068

1. PLACE OF DEATH

County..... Registration District No. **701**
 Townshp..... Primary Registration District No. **200B**
 City **St. Louis** (No. **City Hospital**)

File No.....
 Registered No. **5040**
 St..... Ward.....

2. FULL NAME **Alfred Diedrich**

(a) Residence, No. **373 1/2 a Mauffett** 11. Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **30** 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** **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 27-1880**

7. AGE YEARS **51** MONTHS **10** DAYS **27** If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **shoe worker**
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 **8**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Washington, D.C.**

MOTHER / FATHER
13. NAME **Chas. Diedrich**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Clara Ebertz**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Hospital Information, each copy, City Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **May 27** 19**32**

19. UNDERTAKER (ADDRESS) **Arthur J. ...**

20. FILED **1932 May 27** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 24th 1932**

22. I HEREBY CERTIFY That I attended deceased from **Mar 19th 1932** to **May 24th 1932**
 I last saw him alive on **May 24th 1932** Death is said to have occurred on the date stated above, at **2:00 PM**

The principal cause of death and related causes of importance were as follows:

Chronic Cardiovascular renal disease
Hypostatic pneumonia
 Other contributory causes of importance:
101 1110/31 ①

Name of operation..... Date of.....
 What test confirmed diagnosis? **Clinical** 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) **T. Scherman** M. D.
 (Address) **City Hospital**

Dredrick