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.

20909

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS MO. (No. 2933, HARPER STR. St. ..... Ward)

File No. .....

Registered No. 5298

2. FULL NAME ELIZABETH DIEKMANN.

(a) Residence, No. 2933 HARPER STREET. St., 10 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): MARRIED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6/19/[redacted] 1868

7. AGE: YEARS 63 | MONTHS 11 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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): MISSOURI. 1

FATHER

13. NAME: JULIUS WULFERT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY. 16

MOTHER

15. MAIDEN NAME: MARY HARTMAN.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY.

17. INFORMANT (ADDRESS): Wm Diekmann 2933 HARPER STR.

18. BURIAL, CREMATION, OR REMOVAL

PLACE ST. JOHNS, CEM. North DATE 6/3/32, 19

19. UNDERTAKER (ADDRESS): Provosh Und Co 3710 N. GRAND BLV'D.

20. FILED JUN -3 1932 19 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/1/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to June 1, 1932

I last saw her alive on May 31, 1932. Death is said to have occurred on the date stated above, at 2-10 A.m.

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

	Date of onset
Carcinoma of Urinary Bladder 538	1/15/32
71 B 538	
Other contributory causes of importance: Secondary Anaemia	3/15/32
0 1	

Name of operation: None Date of: X

What test confirmed diagnosis? usual symptoms 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) Dr William T Hirsche, M. D.

(Address) 3500 N Grand Blvd.