

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. St. Johns Hospital)

File No. **21915**
 Registered No. **5659**
 St. Ward)

2. FULL NAME

Vincent J. Dilschneider
 (a) Residence, No. 6067 W. Calanue Pl. St. 5 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 male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1907
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
 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) St. Louis Mo.

MOTHER 13. NAME Henry Dilschneider

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

15. MAIDEN NAME Anna Franz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Raymond Dilschneider
 (ADDRESS) 6067 W. Calanue Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 6-7 1934

19. UNDERTAKER Chas. J. Stewart
 (ADDRESS) 1225 Union Blvd.

20. FILED 11-11-34 J. F. Brebeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1934

22. I HEREBY CERTIFY that I attended deceased from July 33 to June 4 1934
 I last saw him alive on June 4 1934 at 4:15 P.M. Death is said to have occurred on the date stated above, at 4:15 P.M.

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

Acute exacerbation of
a Chronic Glomerular
nephritis
anemia
 Date of onset 1933
10 days
 Other contributory causes of importance:
Chronic Rheumatic
myocardial insufficiency
1 day

Name of operation None 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 John P. Hammond, M. D.
 (Signed) John P. Hammond
 (Address) 1000 1/2 E. 11th St.

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.

Handwritten signature or initials, possibly "H. H. H."