

APR 3 1935

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

Do not use this space.

11165

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Christian Hospital**) St. **2801** Ward)

2. FULL NAME **Margaret Dieckgraefe**

(a) Residence, No. **5738 Enright Ave.** St. **5** Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fredrick Dieckgraefe**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 31st, 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 **7** **25**

OCCUPATION

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

MOTHER FATHER

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Joseph L. Dieckgraefe**
5602 Enright Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **Mar. 29, 1935**

19. UNDERTAKER (ADDRESS) **Dryman Hanzel**
1905 Union Blvd.

20. FILED **MAR 26 1935** **J. S. Beedeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 26th, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **March 19, 1935, to March 26, 1935**

I last saw h. *ex* alive on **March 25, 1935**. Death is said to have occurred on the date stated above, at **5 a. m.**

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

Pneumonia lobar.
with atelectasis.

Date of onset

Other contributory causes of importance: **108**

Name of operation Date of
What test confirmed diagnosis? *chicee* Was there an autopsy?

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?

If so, specify **no**

(Signed) **Francis W. Kerck**, M. D.

(Address) **2900 Union Blvd**

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.

