

MAR 12 1936

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

1003

Township.....

Primary Registration District No. 8037

File No. 1708

City St. Louis (No. 415880) City of St. Louis

Registered No. 1708

St. Ward

2. FULL NAME

(a) Residence, No. 1416 N. 28th

(Usual place of abode)

St. Ward 21

(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

2

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Widow of Anthony Diekhauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 3 - 1883

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

52

6

10

OCCUPATION

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

Book.

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

at home

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.

13. NAME

Michael J. Hous

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

Germany

15. MAIDEN NAME

Christina J.

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

Germany

17. INFORMANT

(ADDRESS)

Step J. City of St. Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cemetery

DATE

2-17-36

19. UNDERTAKER

(ADDRESS)

E. H. C. Ambush 4234 Manchester

20. FILED

FEB 15 1936 19

J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

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

2/14 1936

I HEREBY CERTIFY, That I attended deceased from

2/13 1936

I last saw her alive on 2/14 1936

Death is said to have occurred on the date stated above, at 7:50 P.M.

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

Carcinoma of uterus with extension
Hremia

Other contributory causes of importance:

48

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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.....

(Signed) W. G. Ottum M. D.

(Address) City of St. Louis

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.

