

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

Do not use this space.

JUL 14 1936

21500

1. PLACE OF DEATH

County *St. Louis*
Township *North*
City *St. Louis* (No. *3853rd*)

Registration District No. *791*
Primary Registration District No. *1003*

File No. _____
Registered No. *5742* (Ward)

2. FULL NAME

(a) Residence, No. *3853rd Fossuth* St., *10* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>the late Ernest Martin</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 29 - 1874</i>		
7. AGE	YEARS <i>71</i>	MONTHS <i>5</i>
	DAYS <i>0</i>	IF LESS than 1 day, hrs. or min. <i>0</i>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>	
	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) <i>St. Louis</i>		
FATHER	13. NAME <i>Antonie Dickhaus</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT (ADDRESS) <i>Agnes Suckert 3853rd Fossuth</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>June 2, 1936</i>		
19. UNDERTAKER (ADDRESS) <i>Spool & Carroll 700 West Bond St</i>		
20. FILED <i>JUN 19 1936</i> <i>J. J. Bedeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 29, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Feb*, 19*36*, to *May 29*, 19*36*.
I last saw her alive on *May 27, 1936*. Death is said to have occurred on the date stated above, at *7:30* a.m.
The principal cause of death and related causes of importance were as follows:
*gum abscess
Jugular phlebitis
nephromyoma*

Other contributory causes of importance: *5*

Name of operation *None* Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *h*

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? *h*
If so, specify _____
(Signed) *A. H. Reving*, M. D.
(Address) *2349 Ash St - C.*

MARGIN RESERVED FOR BILLING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V.S. NO. 2
100M-3-25-35

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.

