

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

Do not use this space.

JUL 14 1936

1. PLACE OF DEATH

County St. Louis Co. Registration District No. 791
Township _____ Primary Registration District No. 1003
City _____ (No. St. Anthony's)

24416

File No. _____
Registered No. 6032 Ward _____

2. FULL NAME Velma Jean Dietrich
(a) Residence, No. 9323 Althea Ward Alton Mo.
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 16 1933</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>3</u>	<u>4</u>	<u>24</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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) <u>St. Louis Co Mo</u>				
MOTHER	13. NAME <u>Lester R Dietrich</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>			
	15. MAIDEN NAME <u>Golda Cahoon</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan Mo</u>				
17. INFORMANT <u>Lester R Dietrich</u> (ADDRESS) <u>9323 Althea ave</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Resurrect. Burial Pl. DATE 6/12 1936</u>				
19. UNDERTAKER <u>John L. Ziegenheim & Son</u> (ADDRESS) <u>7027 Washington ave</u>				
20. FILED <u>JUN 11 1936</u> <u>J. Bredek</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10th 1936

22. I HEREBY CERTIFY That I attended deceased from April 24, 1936, to June 10th, 1936.
I last saw her alive on June 9th 1936. 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:
Cancer Right Kidney 4/24/36
Date of onset _____

Other contributory causes of importance: 63

Name of operation Nephrectomy Date of _____ 5/15/36
What test confirmed diagnosis? urine 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? _____
If so, specify _____
(Signed) Dr. W. H. Walters, M.D.
(Address) 3608 So Grand Blvd.

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.

