

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

Do not use this space.

1. PLACE OF DEATH **DEC 2 1936**

791

43160

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City **St. Louis**

(No. **3643**, **Arkansas**)

St. Ward)

2. FULL NAME **Susan K. Dieterichs**

(a) Residence, No. **3643** **Arkansas** St. **16** 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 F.	4. COLOR OR RACE W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugo E.				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1875				
7. AGE	YEARS 61	MONTHS 8	DAYS 0	IF LESS than 1 day,hrs. ormin.

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.....	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) **Germany**

FATHER 13. NAME **Christian Braun**

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

MOTHER 15. MAIDEN NAME **not known**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Hugo E. Dieterichs**
(ADDRESS) **3643 Arkansas**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Mo. Crematory** DATE **Nov. 28**, 19 **36**

19. UNDERTAKER **J. L. Ziegenhein & Sons**
(ADDRESS) **7027 Gravois Ave.**

20. FILED **NOV 27 1936**
J. F. Bridick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 25**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **November 23**, 19**36**, to **November 25**, 19**36**

I last saw h..... alive on **November 23**, 19**36** Death is said to have occurred on the date stated above, at **11:30 A.** m.

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

Right cerebral hemorrhage.
duration: **4 hrs.**

Other contributory causes of importance:
Chronic Interstitial Nephritis.
duration: **2 years.**

Name of operation ----- Date of -----
What test confirmed diagnosis **Physical**. Was there an autopsy? **No**
and laboratory findings.

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) **J. L. Ziegenhein**, M. D.
(Address) **3606 Gravois Avenue.**

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

