MAR 5 - 1937

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

Do not use this space.

8156

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1604

Township ..... Primary Registration District No. 1003 Registered No. 1604

City St. Louis (No. City Hospital St. ..... Ward)

2. FULL NAME Mary Deimel

(a) Residence, No. 5038 Vernon Ave. St., 12 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15th. 1857.

7. AGE: YEARS 79 MONTHS 3 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 236

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

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. 1

FATHER

13. NAME William Deimel 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Mary Geiselman

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

17. INFORMANT (ADDRESS) Annie Wright 8324 Eton Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb. 6th. 1937

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED FEB 5 - 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3nd. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1937, to Feb. 3d, 1937

I last saw her alive on Feb. 3d, 1937. Death is said to have occurred on the date stated above, at 4.21 P.M.

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

Intussusception 122 Date of onset 2/1/37

Other contributory causes of importance: Chronic Intestinal Stasis & general marked arteriosclerosis

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? No

If so, specify .....

(Signed) Theo W Conzelman M. D.

(Address) 5043 Vernon Jo. 8134

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.

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