

MAR 5 - 1937

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

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. 4188a Farlin Ave.)

File No. 8275

Registered No. 1725

St. Ward)

2. FULL NAME Bertha L. Diem,

(a) Residence, No. 4188a Farlin AVE. St. I.D. Ward.

(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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Diem,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3rd, 1877

7. AGE YEARS 60	MONTHS 0	DAYS 3	IF LESS than 1 day,hrs. ormin.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
	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 August Klauke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Lena Sefert,

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

17. INFORMANT Herman Diem (ADDRESS) 4188a Farlin Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Febry 9th 1937

19. UNDERTAKER My Leidner Med. Co. (ADDRESS) 1417 N. Market St.

20. FILED FEB 8 - 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febry 6th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937, to Feb 6, 1937

I last saw him alive on Feb 5, 1937. Death is said to have occurred on the date stated above, at 6:00 P.M.

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

Myocarditis acute

Other contributory causes of importance:

Fibros cavernosa hepatis

Name of operation Resp. of arm Date of..... Was there an autopsy? Yes

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) A. H. Sewing, M. D.

(Address) 2242 St. Louis Ave.

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.

899

Living
20th Dec. 1862