

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 CC Registration District No. **791**
Township 30 Primary Registration District No. **1003**
City St. Louis (No. 9 City Hospital 1) St. 1 Ward 1

File No. 8747
Registered No. 2211

2. FULL NAME

LOUISA DINTELMANN (Louisa Dintelmann)

(a) Residence, No. 3265-50, JEFFERSON St. 24 Ward 1
(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 Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugo Dintelmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10th, 1890.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 11 11

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

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

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) Illinois

13. NAME Unk. Schueler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

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

17. INFORMANT Louise Dintelmann
(ADDRESS) 3265 S. Jefferson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Churchyard DATE Feb. 25, 1937

19. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 Broadway

20. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1937, to Feb 21, 1937

I last saw him alive on Feb. 21, 1937 Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Pneumonia, Tuber Date of onset

Other contributory causes of importance: 34

Name of operation None 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? None Date of injury, 1937

Where did injury occur? None (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. S. Bralier, M. D.

(Address) St. Louis, Mo.

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.

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