

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.

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....ST. LOUIS

Registration District No.....
Primary Registration District No.....
(No.) 3524 HALLIDAY AVE

791
1003

File No. 10842
Registered No. 3416
St. Ward)

2. FULL NAME

FREDERICK DIENSTBIER

(a) Residence, No. 3524 HALLIDAY AVE., St. 16 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF PAULINE DIENSTBIER (or widow of)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1859		
7. AGE YEARS 77	MONTHS 4	DAYS 9
If LESS than 1 day, ... hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. JEWELER		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RETIRED		
10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation... LIFE		

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS
(STATE OR COUNTRY) MO

13. NAME HENRY DIENSTBIER

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MRS. PAULINE DIENSTBIER
(ADDRESS) 3524 HALLIDAY AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE NEW ST. MARCUS CEM DATE MAR. 30 1937

19. UNDERTAKER PEETZ BROS.
(ADDRESS) 3029 LAFAYETTE AVE.

20. FILED MAR 29 1937
J. J. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 27 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10.30 a.m.

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

See that wound in right temple, self-inflicted at residence, on March 27, 1937 at about 11:45 A.M.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury Mar 27, 1937

Where did injury occur? St. Louis Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home

Manner of injury See above

Nature of injury

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

If so, specify

(Signed) Joseph M. Zuerch

(Address) Deputy Coroner

