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.

JUN 12 1937

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

Do not use this space.

791
1003

18335
File No. 4911
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis, (No. St. Anthony Hospital St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Ida Dulle

(a) Residence, No. 3440 DeKalb St. St., 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Dulle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1873.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	11	19	

OCCUPATION

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

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

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 Henry Haneklau

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

MOTHER

15. MAIDEN NAME Wilhelmina Busse

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

17. INFORMANT Herman Dulle
(ADDRESS) 3440 DeKlab St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter and Paul Cem. DATE May 15, 1937.

19. UNDERTAKER J. N. Gebken & Co.
(ADDRESS) 2842 Meramec St.

20. FILED MAY 14 1937 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1937, to May 12, 1937

I last saw her alive on May 12, 1937. Death is said to have occurred on the date stated above, at 1:55 P. m.

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

Pulmonary Embolism — Date of onset 5-12-37

Other contributory causes of importance: Umbilical hernia

Name of operation Date of 5-6-37

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? 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) Robt. O. Urban, M. D.

(Address) 3665 So. Broadway.