JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH
County St Charles Registration District No. 755 File No. 24717
Township Femme Osage Primary Registration District No. 5996a Registered No. 7
City Augusta (No. ..... St. ..... Ward)

2. FULL NAME Maria Dieckhaus

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Geo. Dieckhaus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 - 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
34	80	9	6	

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. .....
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Washington Mo (STATE OR COUNTRY) Franklin

FATHER
13. NAME Giesler
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Schrader
16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Martha Dieckhaus (ADDRESS)
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Catholic Cemetery augusta Mo DATE June 14, 1937
19. UNDERTAKER Thilking & Muschany (ADDRESS) augusta Mo
20. FILED June 13, 1937 H. Mollenstedt Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1936, to June 12, 1937
I last saw h. alive on June 11, 1937. Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial nephritis	1936

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of .....
What test confirmed diagnosis Urinalysis 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) Wm. C. Schmidt, M. D.
(Address) Augusta, Mo

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.