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.

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

REC'D AUG 12 1938

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23313
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 6007

(c) City ST LOUIS MO (d) Street No. 2706 BALDWIN ST. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CATHERINE DIEMERT 563

(a) Residence, No. 2706 BALDWIN ST. St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 7TH 1884

7. AGE: YEARS 53 | MONTHS 11 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WORK
9. Industry or business in which work was done, as 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) WATERLOO ILL.

FATHER
13. NAME Wm L. DIEMERT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WATERLOO ILL.

MOTHER
15. MAIDEN NAME MARY HUNING
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

17. INFORMANT (ADDRESS) Syl Diemert 4204 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE JULY 7TH 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) BROCKLAND UND CO 1827 HOGAN STR

20. FILED JUL 5 1938 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 3RD, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1938, to July 3rd, 1938
I last saw her alive on July 3, 1938. Death is said to have occurred on the date stated above, at 7:45 P.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage — Date of onset July 2nd

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Other contributory causes of importance:

Chronic Interstitial Nephritis — 12 years ago

Name of operation None Date of —
What test confirmed diagnosis? Clinically 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? .....
If so, specify .....
(Signed) E. A. Schweninger, M. D.
(Address) 4470 Natural Bridge Ave

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, John B. Brockland, or by —

Registered Apprentice No. —, working under my personal supervision.

Signed John B. Brockland

Licensed Embalmer No. 93

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.