FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20800

Primary Registration District No.

Registrar's No. 5803

1. PLACE OF DEATH:
(a) County: St. Louis.
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Yrs. 8 Mo. In this community Life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Emma Dienstbach
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October 6, (Month) (Day) 1873 (Year)

8. AGE: Years 74 | Months 8 | Days 22 | If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) 0 (State or foreign country)
10. Usual occupation: nil
11. Industry or business:
FATHER 12. Name: William Dienstbach
13. Birthplace: (City, town, or county) Germany 4 (State or foreign country)
MOTHER 14. Maiden name: Anna Weiss
15. Birthplace: (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant: City Infirmary Records
(b) Address: 5800 Arsenal
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 30, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Pauls Church Yard
18. (a) Signature of funeral director: Wm Schumacher
(b) Address: 3013 Meramec St.
19. (a) (Date received by Registrar) JUL 2 9 1948 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th year 1948 hour 12.15 A. M. minute M.
21. I hereby certify that I attended the deceased from July the 2nd, 1945 to June 28th, 1948; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Acute myocardial failure—few minutes

Due to: senile psychosis, 1944 plus

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:
(c) Signature: Edwin Francis Bowlich (M. D. or other)
Address: City Infirmary Date signed 6/28/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Francis Williamson.....

Licensed Embalmer No.....3565.....

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, fact should be so stated above.