

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

Do not use this space.

237259

**1. PLACE OF DEATH**

County Jackson Registration District No. 2201  
 Township Haw Primary Registration District No. East 7304  
 City Hausers City St. 15 Ward 15

**2. FULL NAME**

(a) Residence. No. 13-746 Olive St., 15 Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1885 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 | 2 | 19

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Business Agt  
 (b) General nature of industry, business, or establishment in which employed (or employer) Tailors Union  
 (c) Name of employer

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

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Margaret Dietrich  
 (Address) 2201 East 73rd St

15. FILED 7-3, 1928 M M Crowe REGISTRAR  
act

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 19 28

I HEREBY CERTIFY, That I attended deceased from June 27, 1928 to July 2, 1928  
 that I last saw him alive on July 2, and that death occurred, on the date stated above, at 6:55 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral hemorrhage  
 (duration) yrs. mos. 20 da.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis  
Don't know

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
 (Signed) C. S. Merriman, M. D.  
7/3, 1928 (Address) 1225 Rialto Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Mt Washington 7-5 19 28

20. UNDERTAKER ADDRESS  
A. N. Newcorse 1000 K. 6th

N. H.—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.

1225 No. 3667

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