WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

12953

1. PLACE OF DEATH

County ..... Registration District No. 91 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3504

City St Louis Mo (No. 5749 Elwood Av St. ..... Ward)

2. FULL NAME Elizabeth Diener

(a) Residence. No. 5749 Elwood Av St., 7 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 20 1850

7. AGE: Years 78 | Months 6 | Days — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

14. INFORMANT: Henry Diener
(Address) 5749 Elwood Av

15. FILED MAR 23 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 6th Nov 6th, 1928, to March 20, 1929, that I last saw her alive on March 20, 1929, and that death occurred, on the date stated above, at 12.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Nephritis Parenchymatis 131 23 C (duration) 4 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Myocarditis (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of Death

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) M. A. Crees, M. D

Mch 20, 1929 (Address) 2626 Glasgow Av

*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: St Peter & Pauls | DATE OF BURIAL: Mar 23 1929

20. UNDERTAKER: Manchester Mud Co | ADDRESS: 4234 Manchester

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