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.

26925

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8122

Township ..... Primary Registration District No. 1003 Registered No. 8122

City St. Louis, Mo. (No. 1813a Dolman Street St. ..... Ward)

2. FULL NAME Elizabeth Dietz

(a) Residence. No. 1813a Dolman Street St., 23 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8th, 1842

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	89	1	13	

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) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Belleville, (STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER John B. Lang

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

12. MAIDEN NAME OF MOTHER Katherine Guckert

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

14. INFORMANT Margaret Bankler
(Address) 1813a Dolman Street

15. FILED JUL 23 1931, 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21st, 1931.

17. I HEREBY CERTIFY, That I attended deceased from 4/1/27 4/1, 1927, to 7/21, 1931 that I last saw her alive on 7/16, 1931, and that death occurred, on the date stated above, at 6:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac decompensation
131
9510
..... (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Cardio - Vascular - renal disease (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis
(Signed) Thos H Scherer, M. D.
7/23, 1931 (Address) 3115 S Grand 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	DATE OF BURIAL
SS. Peter & Paul	July 24, 1931
20. UNDERTAKER Wick Bros	ADDRESS 2201 S. Grand

3/15 [illegible]
1-3 PM