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.

11036

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 2007 a, Penn St. St. ..... Ward)

File No. ..... Registered No. 3120

2. FULL NAME Elmer Dietrich

(a) Residence, No. 2007 a Penn St. St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21 - 1869.

7. AGE: YEARS 62 | MONTHS 5 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 172

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cheese Salesman

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) Pennsylvania 2

FATHER

13. NAME Aphiam Dietrich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Hilda Dietrich 2007 a Penn St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Pauls Churchyard DATE 3/31 1932

19. UNDERTAKER (ADDRESS) Ziegenhein Bros. 2623 Cherokee St.

20. FILED MAR 30 1932 Max C Harkley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26 1932, to Mar 28, 1932

I last saw him alive on Mar 28, 1932 Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chr.	?
Myocarditis "	?
Hypertension	?

131
93 C
102

Other contributory causes of importance:

131 (1)

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Ex 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? No

If so, specify .....

(Signed) W. Wagenbach, M. D.

(Address) 4738 Gravois Av