

JAN 10 1937

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

Do not use this space.

46735

1. PLACE OF DEATH

County.....  
Township.....  
City..... St. Louis

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. 5346 Tholozan Ave)

File No. 12531  
Registered No. ....  
St. .... Ward)

2. FULL NAME Emma Dicks

(a) Residence, No. 5346 Tholozan Ave St. 14 Ward.  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Gustav Dicks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 26 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
67 11 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) Illinois

FATHER 13. NAME William Kunz

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

MOTHER 15. MAIDEN NAME Elizabeth Opel

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

17. INFORMANT Gustav Dicks (ADDRESS) 5346 Tholozan Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE December 22, 1936

19. UNDERTAKER Peetz Brothers (ADDRESS) 20309 Lafayette Ave

20. FILED DEC 22 1936 19. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-20-36 19. to 12-19-36 19.

I last saw him alive on 12-19-36 19. Death is said to have occurred on the date stated above, at 12:45 P.M.

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

Chronic myocarditis  
angina pectoris  
J.H.  
Date of onset 2 yrs ago.

Other contributory causes of importance:

None

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury .....

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? If so, specify O. C. Pfeiffer

(Signed) J. Bredeck Registrar, M. D.  
(Address) 45235 Kingshighway

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.

REPRODUCED FROM THE ORIGINAL RECORDS OF THE MISSOURI STATE BOARD OF HEALTH

Dr. [unclear]

6567 [unclear]

Fl-3847

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