

NOV 23 1937

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

38724
Do not use this space.

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1. PLACE OF DEATH

(a) County St Louis Registration District No. 284
(b) Township St Ferdinand Primary Registration District No. 6030 Registered No. 182
(c) City Jennings (d) Street No. 8960 Jennings Rd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 8960 Jennings Rd. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 1 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSE WORK
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) ST. LOUIS Mo.

FATHER 13. NAME DIETRICH WARMANN

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME THRESIA MILHOFF

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) CHARLES H. WARMANN 8960 Jennings Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem Cem DATE Oct. 6 37

19. FUNERAL DIRECTOR (ADDRESS) Diedrich Funeral Home 8314 Halle Berry Rd.

20. FILED 10-6 1937 W.A. Zeitler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/9, 1937, to 10/4, 1937
I last saw him alive on 10/1, 1937. Death is said to have occurred on the date stated above, at 10:45 p. m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset 9/9/37

Other contributory causes of importance:
Focal Infection (Teeth x-Ray)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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. Chopin, M. D.
(Address) 8321 W. Berry

Per to Smith (Deceased Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Arthur R. Dieckrich, Licensed Embalmer No. 3556

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Arthur R. Dieckrich

8319 Halle County Rd. I. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Arthur R. Dieckrich
Licensed Embalmer No. 3556

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)