

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

19872
Do not use this space.

REC'D JUL 12 1938

791

1008

Registered No. 5011

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. City Hospital No. 1 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 30 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 2575

2. PRINT FULL NAME

Ida Dieterich

362

(a) Residence, No. 3107 North 19th (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of John Dieterich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 5 26

OCCUPATION 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. hvk
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lebanon
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME John L. Sturdavant

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) "

MOTHER 15. MAIDEN NAME Mary Benton

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Phillpsburg, Mo. DATE May 27, 1938

19. FUNERAL DIRECTOR (NAME) Suedmeyer & Sons
 (ADDRESS) 3934 N. 20th St.

20. FILED JUN 1 1938 J. F. Bredbeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/24/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/22/38 to 5/24/38, 19

I last saw her alive on 5/24/38, 19. Death is said to have occurred on the date stated above, at 11.45 a m.

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

Shardal Muen a perforation
1178

Other contributory causes of importance:
Cholera
Throat infection

Name of operation Throat infection

What test confirmed diagnosis? Wassermann Was there an autopsy? Yes

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?

If so, specify _____
 (Signed) M. D. Suedmeyer M. D.
 (Address) City Hospital No. 1

501A
501A

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Geo P Schubert

....., or by

Registered Apprentice No. ~~2212~~, working under my personal supervision.

Signed *Geo P Schubert*

Licensed Embalmer No. 2212

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.