REC'D JUN 12 1939

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

16707
Do not use this space.

791

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No. 1003
Primary Registration District No.
Registered No. 4241
(d) Street No. St. Anthonys Hospital. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 320 Anna C. Dietz.
(a) Residence, No. 6214 Lenox Ave. St. NR St. Louis County, Mo.
(Usual place of abode, if no street address, write county or city) (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 John Dietz.

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. at home.
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) Denmark. 7

FATHER
13. NAME N. C. Hansen 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark. 7

MOTHER
15. MAIDEN NAME Augusta M. Chrisjohnsen.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark.

17. INFORMANT (ADDRESS) Mr. John Dietz. 6214 Lenox Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laurel Hill Cem. DATE May 9, 1939.

19. FUNERAL DIRECTOR (NAME) Geo L Pleitsch
(ADDRESS) 5966 Easton Ave.

20. FILED MAY 7 1939 J. F. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1939 to May 5, 1939
I last saw her alive on May 5, 1939. Death is said to have occurred on the date stated above, at 10.30 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephrotis

Date of onset

Other contributory causes of importance:

Arteriosclerosis.

Name of operation Date of
What test confirmed diagnosis? Laboratory 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?
If so, specify
(Signed) S. T. Vanforen, M. D.
(Address) 3115 N. Grand.

(Licensed 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.

Dr. S. T. Vandover
3115 S. Grand.
10 to 10
Prospect 1600

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, 3454 David C. Gibson, or by .....

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address.....

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

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