

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

17162
 Do not use this space.
 4696

RECD JUN 12 1939

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791
 (b) Township..... 1 Primary Registration District No..... 1008
 (c) City..... St. Louis (d) Street No. 3524 Halliday Ave 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 Pauline Dienstbier

(a) Residence, No. 3524 Halliday Ave St. 17 (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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 1 17

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. Housewife
 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) Missouri

FATHER 13. NAME Adam Bohley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Berg
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Robert G. Dienstbier
3524 Halliday Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE May 24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peetz Brothers
3029 Lafayette Ave

20. FILED MAY 24 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1939

22. I HEREBY CERTIFY, That I attended deceased from April, 1939, to May 21, 1939. I last saw him alive on May 21, 1939. Death is said to have occurred on the date stated above, at 5 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus
Metastasis to liver

Other contributory causes of importance:
None

Name of operation None Date of None
 What test confirmed diagnosis? None 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 Bert Klein, M. D.
 (Address) 2637 S. Kingshighway

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.

1 X1662

Dr. East / Leon
Kempthorn May
2631 O Kempthorn
La. 7475
A-4888
1-63
L-30 La 8

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; or by.....

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

Signed Paul J. Owen

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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.