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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1650 SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28012

Registration District No. 791 Primary Registration District No. Registrar's No. 7512

1. PLACE OF DEATH: 1003 2
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3851 Virginia Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3851 Virginai Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Margaret J. Dietze 320
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernest R.
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased March (Month) 4 (Day) 1883 (Year)

8. AGE: Years 56 Months 5 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At. Home
11. Industry or business 0
FATHER
12. Name George Bauer 6
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Dora Kromnacker
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant's own signature Vera Winchief
(b) Address 3851 Virginia Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cemetery
18. (a) Signature of funeral director J. H. Gebken L & U Co.
(b) Address 2842 Meramec St.
19. (a) AUG 31 1939 (Date received local registrar) (b) J. F. Bradenk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1939 hour 2 minute 45 A M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Chronic Endocarditis
Due to
Due to
Other conditions Chronic Arthritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Sperry (M. D. or other)
Address Deputy Coroner Date signed 8/31/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St. 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.