

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

Township.....

Primary Registration District No. **Isolation Hosp**

City **St. Louis Mo.** (No. **923**)

File No. **26819**
Registered No. **7016**

2. FULL NAME

(a) Residence, No. **Henry Dietzel** **923 2nd St.** **24** Ward.

Length of residence in city or town where death occurred **1** yrs. **0** mos. **0** ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Cathrine Dietzel**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 21st 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 **2** **25**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Watchman**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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**

13. NAME **Henry Dietzel**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Matilda Fischer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

17. INFORMANT **O. Matthews** (ADDRESS) **5600 Arsenal**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter & Paul** DATE **July 19th 1934**

19. UNDERTAKER **J. Heebken, P. & W. Co.** (ADDRESS) **2628 Gravois St.**

20. FILED **17** 19**34** **J. F. Thedel** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 16, 1934**

I HEREBY CERTIFY that I attended deceased from **July 2nd to July 16th 1934**

I last saw him alive on **July 16, 1934** Death is said

to have occurred on the date stated above, at **10:30** a.m.

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

Meningitis Hemolytic Date of onset **7-2**

Staphylococcus

Other contributory causes of importance:

Bruno Abner

Name of operation **Paracentesis** Date of **7-3**

What test confirmed diagnosis? **Clinical** Was there an autopsy? **Yes**

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? **No** Date of injury....., 19

Where did injury occur? **No** (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 **No**

(Signed) **John Eschbacher**

(Address) **ISOLATION HOSPITAL**

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.

State of Missouri.
S.S.
City of St. Louis

John Eschenbrenner, M.D., being duly sworn on his oath says that he is the Superintendant of the Isolation Hospital in the City of St.Louis,Mo.,

Affiant further states that one John Dietzel departed this life on July 16.1934 at the said Isolation Hospital.

Affiant further states that the Certificate of death issued by him for John Dietzel aforesaid, was issued as Henry Dietzel.

Affiant further states that certificate registered as No.7016 should be changed from Henry Dietzel to John Dietzel.

And further affiant sayeth not.

John Eschenbrenner M.D.
.....

Sworn to and subscribed before me this^{10th} day of September, 1934.

My term expires Sept. 8. 1936.

.....
Wm. G. B...
Notary Public.

WASHINGTON

7016

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Henry Dietzel
Who died at Salisbury Hosp on July 16 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 53 Months 2 Days 25

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Meningitis hemorrhagic staphylococcus Brain abscess The above Not Epidemic Not Traumatic

Other contributory causes of importance _____

Name of operation Lumpectomy Date of 7-3-34

What test confirmed diagnosis? liquid Was there an autopsy? yes

If death was due to external causes (violence) fill in also the following:

accident, suicide, or homicide? No 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. None 9a

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician John Eschenbrenner M.D.

Address of physician Salisbury Hospital 15600 Arsenal St

Signature of Registrar J. J. Breakey Date filed 9-11-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791

Very truly yours,
E. T. McLaughlin
Special Agent

Primary Reg. Dist. No. 1003

Special Agent.