

MAR 15 1935

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

Do not use this space.

7005

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1002**
City **St. Louis**, (No. **3123** **Meramec St.**) St. **1414** Ward

2. FULL NAME **Peter J. Dietz**

(a) Residence, No. **3123 Meramec St.** St. **15** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 **Mary A. Dietz**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 8, 1851.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 7 --

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Plasterer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired 15 Yrs.**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**
(STATE OR COUNTRY)13. NAME **John Dietz**14. BIRTHPLACE (CITY OR TOWN) **Germany.**
(STATE OR COUNTRY)15. MAIDEN NAME **Mary A. Rung**16. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)17. INFORMANT **Henry C. Dietz**
(ADDRESS) **3123 Meramec St.**18. BURIAL, CREMATION, OR REMOVAL **SS Peter and Paul cem. DATE Feb. 12, 1935**19. UNDERTAKER **J. H. Sebbens & Paul W. Co.**
(ADDRESS) **2842 Meramec St.**20. FILED **FEB 10 1935** **J. F. Bredeck**
19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 8, 1935**I HEREBY CERTIFY, That I attended deceased from **Jan. 1st, 1935**, to **Feb. 8, 1935**last saw him alive on **Feb. 8, 1935** Death is saidto have occurred on the date stated above, at **9:40 P.M.**

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

Angina Pectoris Date of onset

Other contributory causes of importance:

**Senile
Degenerative of structure
Cause unknown**

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

If so, specify _____

(Signed) _____, M. D.

(Address) **3123 Meramec St.**

