AUG - 5 1937

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

Do not use this space.

26099

1. PLACE OF DEATH

County 2 Registration District No. 791 File No. 7273

Township Primary Registration District No. 1003 Registered No.

City St Louis (No. Barnes Hospital St. Ward)

2. FULL NAME Phillip Dietz

(a) Residence, No. St., NR Ward. DeSoto Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 4 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 Henrietta Dietz

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

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

OCCUPATION

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

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) Illinois

FATHER

13. NAME John Dietz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gy

17. INFORMANT (ADDRESS) Henrietta Dietz DeSoto Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE DeSoto Illinois DATE 7-30 1937

19. UNDERTAKER (ADDRESS) Carbondale Funeral Home Carbondale Ill

20. FILED JUL 30 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1937, to 7-29, 1937

I last saw him alive on 7-29, 1937. Death is said to have occurred on the date stated above, at 2 p m.

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

	Date of onset
HYPERTROPHY OF PROSTATE, BENIGN	?
PYELONEPHRITIS, CHRONIC, non-calculous	
95	

Other contributory causes of importance:

ARTERIOSCLEROTIC HEART DISEASE	
PULMONARY EDEMA	7-27-37

Name of operation CAUTERY PUNCH Date of 7-26-37

What test confirmed diagnosis? 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? NO

If so, specify

(Signed) Frank McDowell, M. D.

(Address) [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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