

REC'D MAY 10 1938

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

115785
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Primary Registration District No. 202 Registered No. 748
(c) City Affton, Missouri (d) Street No. 6001 Maxwell Avenue 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

Mr. Anton Dietrich 3625
(a) Residence, No. 6001 Maxwell Ave., Affton, Mo. St. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Alvina Dietrich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 22, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 5 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Supt.
9. Industry or business in which work was done, as saw mill, bank, etc. Cemetery
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) Shawneetown, Missouri

FATHER 13. NAME Charles A. Dietrich

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

MOTHER 15. MAIDEN NAME Ernestine Unknown

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

17. INFORMANT (ADDRESS) Mrs. Fred Tremozani 6001 Maxwell Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cem. DATE April 28, 1938

19. FUNERAL DIRECTOR (ADDRESS) Beiderwieden F. Home, Inc. 1936 St. Louis Avenue

20. FILED 4-27-38 T. R. Meyer, M.D., P.H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26th 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1938 to April 26th, 1938

I last saw him alive on April 25th, 1938 Death is said to have occurred on the date stated above, at 3:00 A. M.

The principal cause of death and related causes of importance were as follows:
Cancer of Stomach (Carcinoma) Date of onset Dec. 1937

Other contributory causes of importance: 46

Name of operation Gastrostomy Date of Feb. 10
What test confirmed diagnosis? Lab. Phys 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 (Signed) Dr. W. H. Walters, M. D.
3608 South Grand Blvd.

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.

STATEMENT BY LICENSED EMBALMER

I, Julius J. Krupin Licensed Embalmer No. 3497
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Julius J. Krupin
Licensed Embalmer No. 3497

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.)