

DEC'D SEP 12 1938

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

27154

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **7168**
 (c) City **Saint Louis, Missouri.** (d) Street No. **3414 a Salena Street.** St. 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 **Henry C. Dietrich.**

(a) Residence, No. **3414a Salena Street.** St. **24**
 (Usual place of abode, if no street address, write county or city) (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) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Barbara Dietrich**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 11th, 1866.**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Teamster**
 9. Industry or business in which work was done, as 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 **Charles Dietrich**

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

15. MAIDEN NAME **Amelia Runkel**

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

17. INFORMANT **Estelle Mateer.**
 (ADDRESS) **3414a Salena Street.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old S.S. Peter & Paul** DATE **August 13th, 1938.**

19. FUNERAL DIRECTOR **Ziegler Bros.**
 (ADDRESS) **2623 Cherokee Street.**

20. FILED **AUG 12 1938** **J. D. Pulech** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 10th, 1938.**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 6th 1938** to **Aug 10th 1938**
 I last saw him alive on **Aug 7th 1938** Death is said to have occurred on the date stated above, at **11:30 P.M.**
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Chronic Nephritis
 Date of onset **Aug 10 1938**
 Other contributory causes of importance: **1938**

Name of operation..... Date of.....
 What test confirmed diagnosis? **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? **NO**
 If so, specify.....
 (Signed) **Walter L. Sullivan**, M. D.
 (Address) **Alton**

STATEMENT BY LICENSED EMBALMER

I, **Vearyl E. Morris.** Licensed Embalmer No. **3360.**

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Vearyl E. Morris

Licensed Embalmer No. **3360.**

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.)