REC'D OCT 12 1938

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

791

30783
Do not use this space.

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis

Registration District No. 1003

Primary Registration District No.

Registered No. 8220

(d) Street No. Deaconess Hospital 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 John Casper Dietrich Sr.

362

(a) Residence, No. # 16 97 th St. St. NR Clayton, Mo.
(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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21 1861

7. AGE: Years 77 | Months 4 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

FATHER

13. NAME John Diedrich

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

MOTHER

15. MAIDEN NAME Margaret Rauscher

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

17. INFORMANT Lydia Fischer
(ADDRESS) #16 97 th St. Clayton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elm Lawn Cem DATE 9-19-38, 19

19. FUNERAL DIRECTOR Louis A. Bopp
(ADDRESS) Kirkwood, Mo.

20. FILED SEP 19 1938, 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/11, 1938, to 9/15/38, 19

I last saw h~~e~~ alive on 9/15/38, 19 Death is said to have occurred on the date stated above, at 7:50P m.

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

	Date of onset
Gangreen of left Leg (Macis) Weak, Tremens caused by chr nephritis	10 days
Other contributory causes of importance: Chronic degenerative Heart disease & Chronic Nephritis	4 yrs

Name of operation Date of

What test confirmed diagnosis? Physical 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? None

If so, specify

(Signed) H. L. Meador, M. D.

(Address) 2 So Central Ave Clayton Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

8220

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STATEMENT BY LICENSED EMBALMER

I, John M Meyer, Licensed Embalmer No. 3288

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 John M Meyer

Licensed Embalmer No. 3288

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)