

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33882  
8420

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
NOV 13 1939 791

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1005  
(a) County 1  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Des Loge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
In this community Since Birth  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Henrietta Dieterich 362  
3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race: White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years  
7. Birth date of deceased June 5, 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 3 24 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Henry Dieterich  
18. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Christina Colonius  
15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas A. Puterbaugh  
(b) Address 3936a Lexington Ave

17. (a) Burial (b) Date thereof 10-2-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) Oct 2 1939 (b) J. B. [Signature]  
(Date received local registrar's certificate) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1  
(c) City or town St. Louis LL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3936a Lexington Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29  
year 1939 hour 8:10 AM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from May 29  
1936 to Sept. 27 1939  
that I last saw her alive on Sept 27 - 1939, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis several years  
Eclampsia several years  
Due to Nephritis 6 mo.  
NEPHRITIS

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
Physician  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. L. Mardel MD (M. D. or other)  
Address 2165 N. Vandeventer St. Date signed 9/10/39  
St Louis Mo

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Leonard Hampton*  
Licensed Embalmer No. *2967*  
P. O. Address *St. Louis, Mo.*

**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.)**

**If this body is not embalmed, above space should be left blank.**