

1839  
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD,  
 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.

Registration District No. 784 Primary Registration District No. 115

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town University City  
 (If outside city or town limits, write "RURAL" and name of township)  
6939 Pershing Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town University City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6939 Pershing Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Edward Dieterly  
 3. (b) If veteran, name war None 3. (c) Social Security No. 488-01-1371  
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of ~~husband's~~ wife Minnie Dieterly 6. (c) Age of ~~husband's~~ wife if alive 62 Yrs.  
 7. Birth date of deceased February 4, 1874  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 17th  
 year 1939 hour 11:00 minute 55 P. M.  
 21. I hereby certify that I attended the deceased from Aug 15th  
 \_\_\_\_\_, 1939 to Oct 17th, 1939  
 that I last saw him alive on Oct 17th  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
65 8 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Thrombosis Duration 3 hours  
 Due to Arteriosclerosis 4 years  
 Due to \_\_\_\_\_

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

Other conditions none 9th  
 (Include pregnancy within 3 months of death)

10. Usual occupation Food Broker  
 11. Industry or business own buisness  
 MOTHER FATHER { 12. Name Charles Dieterle 6  
 13. Birthplace ? Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Don't know  
 15. Birthplace ? Germany  
 (City, town, or county) (State or foreign country)

Major findings: Of operations none  
 Of autopsy not made  
 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) \_\_\_\_\_ (Means of injury)  
 16. (a) Informant's own signature Mrs. Minnie Dieterle  
 (b) Address 6939 Pershing Ave.  
 17. (a) Burial (b) Date thereof 10-10-1939  
 (Burial, \_\_\_\_\_) (Month) (Day) (Year)  
 (c) Place: burial Oak Grove Mausoleum  
 18. (a) Signature of funeral director Geo. L. Pleitsch Inc.  
 (b) Address 5966-68 Easton Ave.  
 19. (a) OCT 9 1939 (b) R. R. Meyer  
 (Date received local registrar) (Registrar's signature)

23. Signature Joseph David (M. D. or other) 1  
 Address Century Bldg Date signed 10-8-39

**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 3454

David C. Gibson Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address \_\_\_\_\_

**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.**