

Registration District No. 1791  
1000

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

1. PLACE OF DEATH:

(a) County 2  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4016 S. Spring Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 years (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME John A. Dietz  
3. (b) If veteran, name war --- 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Betty Dietz 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 23, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 9 12 hr. \_\_\_\_\_ min.

9. Birthplace GERMANY Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher, Retired

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

MOTHER FATHER  
12. Name John L. Dietz  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Fuerbacher  
15. Birthplace GERMANY Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John A. Dietz  
(b) Address 4016 S. Spring Ave.

17. (a) Cremation (b) Date thereof Dec. 7, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wacker-Helderk  
(b) Address 2331 S. Broadway

19. (a) DEC 5 1939 (b) John A. Dietz  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town St. Louis 15  
(If outside city or town limits, write "RURAL")  
(d) Street 4016 S. Spring Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 60 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 4th  
year 1939 hour Three minutes 15 P. M.

21. I hereby certify that I attended the deceased from 12-22  
1937 to 12-4 1939  
that I last saw him alive on 12-4-39 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic  
pyelonephritis with terminal uremia  
Due to carcinoma of prostate  
Due to \_\_\_\_\_  
Other conditions h  
(Include pregnancy within 3 months of death)  
Major findings: Chromoma of prostate  
Of operations transurethral resection 1-00-38  
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? \_\_\_\_\_  
White at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature John A. Dietz (M. D. or other) M.D.  
Address 584 Metropolitan Bldg Date signed 12-5-39

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.

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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.....

*Robert C. Wheeler*

Licensed Embalmer No. *2128*

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.**