

44468

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 195

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1009 N. Fifth Street
(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

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Adam Dietz
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 6 1846
(Month) (Day) (Year)

8. AGE: Years 93 Months 2 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____
12. Name John Neutger
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hartzball
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Margaret Glazier
(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof Dec. 27-1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery, St. Charles

18. (a) Signature of funeral director H. C. Ballenger & Son
(b) Address 900 N. Second, St. Charles, Mo.

19. (a) 12/26/39 (b) Clarence V. Kessler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 N. Fifth St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1939 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 20, 1939, to Dec. 24, 1939; that I last saw her alive on DEC. 24, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Artero-sclerosis Kidney ?
Due to Senility
Other conditions: 121
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____
(Specify type of place) _____
While at work _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address St. Charles, Mo. Date signed 12/27/39

Duration 2 days
PHYSICIAN
Underline the cause to which death should be charged statistically

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

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1-119511

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.

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.....

Licensed Embalmer No.....

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.