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**FILED** AUG 28 1941 791

State File No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 5579

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4029 Humphrey St.  
(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 \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits write "RURAL")  
4029 Humphrey St.  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th  
year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 7-41  
\_\_\_\_\_ 19\_\_\_\_ to July 4 1941  
that I last saw him alive on July 4  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to: Chronic Myocarditis

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature C. E. Moeller (M. D. or other) \_\_\_\_\_

Address 3537 S. Jefferson Date signed July 5/41

3. (a) PRINT FULL NAME PHILIP F. DIETZ

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-053282

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Kalbfleisch Dietz 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: December 8, 1875  
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Salesman

11. Industry or business Fruit Juice Co.

12. Name Frank H. Dietz

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

14. Maiden name Bertha A. Stueck

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

16. (a) Informant Mrs. Ida Dietz

(b) Address 4029 Humphrey St.

17. (a) Burial (b) Date thereof July 8, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Seiderwieden Fu. Home, Inc

(b) Address 1936 St. Louis Avenue

19. (a) JUL 7 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

Dr. C. L. Maxwell  
3537 So. Jefferson  
1-3

**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. 3737  
P. O. Address 1936 M. Lou

**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.**