

FILED AUG 28 1941 91

Registration District No.

Primary Registration District No. **1003**

17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Days**
(Specify whether years, months or days)
In this community **2 Mo. 6 Days. 0**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2519 W. St. Louis Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**,
year **1941** hour **12:00** minute **A.** M.
21. I hereby certify that I attended the deceased from **July**
21, 19 **41** to **July 22**, 19 **41**
that I last saw h. **SR** alive on **July 22**, 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death
Lobar Pneumonia
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy **a. above**
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Doloris Dietzman**
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 **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **May 16**, 1941.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 6 hr. min.

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

10. Usual occupation **Infant**

11. Industry or business.....

12. Name **Fred Dietzman Missouri**

13. Birthplace **Sedalia Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Flynn Missouri**

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

16. (a) Informant **Fred Dietzman**
(b) Address **2519 W. St. Louis Ave.**

17. (a) **Burial** (b) Date thereof **July 24, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery.**

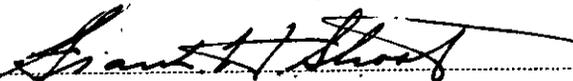
18. (a) Signature of funeral director **Stroot Carroll**
(b) Address **4600 Natural Bridge.**

19. (a) **JUL 23 1941** (b) **J. D. Bredenk**
(Date received local registrar) (Registrar's signature)

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 **R. J. Maxwell** (M. D. or other) **MD**
Address **1515 Lafayette Avenue.** Date signed **7/22/41**

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. 2265

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, fact should be so stated above.