

13-40  
17-39  
X23159

FILED AUG 28 1941

Registration District No. 791 Primary Registration District No. 1003

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:  
709 South Skinker Blvd.  
(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 Shuman B. Dietrich

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. 329-10-6812

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ann Johnson Dietrich

6. (c) Age of husband or wife if alive 55 years 1882

7. Birth date of deceased 8 (Month) 4 (Day) 1882 (Year)

8. AGE: Years 58 Months 11 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Council Bluffs Iowa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Vice President, Hunter Packing Co.

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

12. Name Jefferson R. Dietrich

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

14. Maiden name Elizabeth Bennett

15. Birthplace Nebraska City Neb.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hari Van Hoefen

(b) Address 522 S. Hanley Road.

17. (a) Removal (b) Date thereof 7/26/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Council Bluffs, Iowa.

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane.

19. (a) JUL 26 1941 (b) J. T. Budeck  
(Date received local registrar) (Registrar's signature)

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. 709 Skinker Blvd.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25  
year 1941 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from June 16<sup>th</sup>  
1941 to 7/25/41, 19\_\_\_\_;  
that I last saw him alive on 7/25/41, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia  
Subar  
Due to cirrhosis of liver.

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_

Of autopsy None

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 J.P. Gay (M. D. or other) \_\_\_\_\_  
Address University Club Bldg. Date signed 7/26

000  
17  
5  
0

Duration  
3 days

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

00  
7  
9

at

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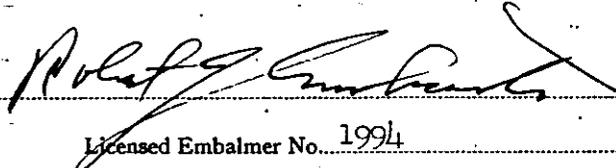
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**STATEMENT BY LICENSED EMBALMER**

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.....

  
Licensed Embalmer No. 1994

P. O. Address Clayton, Missouri

**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.**