S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24520

FILED AUG 11 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. D-

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

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1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST-JOSEPH. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2109-WASHINGTON-AVE. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community ABOUT 50 YRS.

2. USUAL RESIDENCE OF DECEASED: 011

(a) State Mo (b) County BUCHANAN 1

(c) City or town ST-JOSEPH 7 (If outside city or town limits, write "RURAL")

(d) Street No. 2109 WASHINGTON-AVE. (If rural, give location)

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

3. (a) PRINT FULL NAME OTTO-W-DIETER.

3. (b) If veteran, name war NO

3. (c) Social Security No. 488-14-6279

4. Sex Male 0

5. Color or race Wht

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Cora E. Dieter

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May (Month) 7 (Day) 1870 (Year)

8. AGE: Years 71 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Minn June (City, town, or county) Wis! (State or foreign country)

10. Usual occupation Emp. of Wyeth Hardware Co.

11. Industry or business

MOTHER FATHER

12. Name Jacob Dieter

13. Birthplace ? Germany (City, town, or county) 4 (State or foreign country)

14. Maiden name Mary Schoemacher

15. Birthplace ? Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Clifford B. Dieter

(b) Address St Joseph Mo

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

(c) Place: burial or cremation Mt Auburn Cem

18. (a) Signature of funeral director Roy Stamey

(b) Address St Joseph Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 5 year 1941 hour 2:10 minute P M.

21. I hereby certify that I ~~attended~~ VIEWED the deceased ~~from~~ on July 5, 1941, to ....., 19....; that I last saw h~~ing alive on~~ ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day.
Due to Angina Pectoris	1 day.
Due to — 44 W	
Other conditions (Include pregnancy within 3 months of death) Man died suddenly at his home without premonitory symptoms of the disease	

~~Major findings Of operation~~

Of autopsy NO.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. F. Mundy (M. D. or other) M. D. Coroner 3

Address 404 So 3d St. Date signed 7/6/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 ..... July 5, 1941 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph, 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, fact should be so stated above.