U. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16083

FILED MAY 28 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4345

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:
815 Rutger St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

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. 815 Rutger St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Dietl
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 Married
6. (b) Name of husband or wife John Dietl
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased March (Month) 26 (Day) 1883 (Year)

8. AGE: Years 59 Months 1 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
12. FATHER Name Frank Chapman
13. FATHER Birthplace England (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Mary Methovay
15. MOTHER Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant John Dietl
(b) Address 815 Rutger St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Hackes-Heidel Und. & Em. Co.
(b) Address 3634 Gravois Ave.
19. (a) MAY 18 1942 (Date received local registrar) (b) J. F. Badeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1942 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from November 29, 1940 to May 16, 1942 that I last saw her alive on May 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sarcoma of scapula	1 yr 1½ mo
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) None	
Major findings: Of operations None	
Of autopsy None	

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 Louis Bauer M.D. (M. D. or other)
Address 1634 Morrison Date signed 5-18-42

(Licensed Embalmer's Statement on Reverse Side)

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

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 Frank J. Hyland.

Licensed Embalmer No. 2645

P. O. Address St Louis 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.