

No. 2
 5-42
 5-17-39
 PI X32873

28657

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 8 1942

1003

Registrar's No. 7483

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
 (a) County
 (b) City or town St. Louis, Missouri
 (c) Name of hospital or institution St. Louis City Hospital
 (d) Length of stay: In hospital or institution 7 Days
 In this community 7 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000
 (c) City or town St. Louis
 (d) Street No. 5714 Pennsylvania Ave.
 (e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME George Dietz
 (b) If veteran, name war..... (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September day 4
 year 1942 hour 9:30 minute P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Bertha
 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased May 1 1861

21. I hereby certify that I attended the deceased from August 29, 1942 to September 4, 1942;
 that I last saw him alive on September 4, 1942;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 4 3 hr. min.

Immediate cause of death Pneumonia with Septicemia
 Duration

9. Birthplace Germany
 10. Usual occupation Retired Butcher

Due to 93
 Due to 10/17
 Other conditions Hypertensive Heart Disease
 (Include pregnancy within 3 months of death)

11. Industry or business
 12. Name John L. Dietz
 13. Birthplace Germany
 14. Maiden name Margaret Fuehbacher
 15. Birthplace Germany

PHYSICIAN
 Major findings: Of operations None
 Of autopsy None
 Underline the cause to which death should be charged statistically.

16. (a) Informant Bertha Dietz
 (b) Address 5714 Pennsylvania
 17. (a) Burial (b) Date thereof 9-8-42
 (c) Place: burial or cremation St. Paul's Church
 18. (a) Signature of funeral director J. F. Buedeck
 (b) Address 3013 Meramec St.
 19. (a) SEP 8 1942 (b) J. F. Buedeck

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?.....
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? (Specify type of place).....
 23. Signature John E. Wiskovich M. D. or other M.D.
 Address 2515 Lafayette Ave. Date signed 9/5/42

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.....

Clarence Kichow

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Clarence Kichow

Licensed Embalmer No. *3093*

P. O. Address. *3013 Melrose*

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.