

FILED JAN 19 1943

Registration District No. **318**

Primary Registration District No. **1005**

Registrar's No. **254**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
(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:  
**2029 S. 9th Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Life** (Specify whether  
In this community **Life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2029 S. 9th Street**  
(If rural, give location)  
(e) Citizen of foreign country? **---** (Yes or No)  
If yes, name country **---**

3. (a) PRINT FULL NAME **Henry Dieterle**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **489-07-5508**

4. Sex **Male** 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 **August 16, 1874**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **4** Days **23** If less than one day  
.....hr. ....min.

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

10. Usual occupation **Compton & Sons Lithograph & Prtg. Co., 7th & Clark**

11. Industry or business **John Dieterle**

12. Name **Germany**

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

14. Maiden name **Louisa Oszner**

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

16. (a) Informant **Albert Dieterle**

(b) Address **2018 S. 9th St.**

17. (a) Burial **St. Matthew's Cem.** (b) Date thereof **1 12 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthew's Cem.**

18. (a) Signature of funeral director **W. J. Gries**  
(b) Address **3634 Gravois Ave.**

19. (a) **JAN 11 1943** (Date received local registrar) **J. J. Zudeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **9**  
year **1943** hour **9** minute **30** AM

21. I hereby certify that I attended the deceased from **10 A** to **DEC 25**, 19**42**  
and that death occurred on the date and hour stated above.  
I immediately cause of death **Chronic myocarditis** Duration **1 month**

Due to **Chronic Nephritis** Indefinite

Due to **---**

Other conditions **131**  
(Include pregnancy within 3 months of death)

Major findings: **none**  
Of operations **---**  
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) **---**

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)

(e) Means of injury **---**

23. Signature **W. J. Gries** (M. D. or other)

Address **1544 So. Broadway** Date signed **1/9/43**

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

MOTHER FATHER

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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

*Robert C. Wheeler*

Licensed Embalmer No. *2128*

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.**