S. No. 2
M—5-42
5-17-39
I X32873

3266

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 15

92
9
3

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1009 North Fifth St.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles 92
(c) City or town St. Charles 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 North Fifth St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry Paul Dietz
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Mary A. (Dorlague) Dietz
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July (Month) 31 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	5	14	hr. min.

9. Birthplace Decatur Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Shoe Worker
11. Industry or business International Shoe Co
FATHER
12. Name Adam Dietz
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Mary A. Kreutzer
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Marie Dietz
(b) Address 1009 N. Fifth, St. Charles, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Borromeo Cem
18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co
(b) Address 801 N. Second, St. Charles, Mo
19. (a) 1-18-43 (Date received local registrar) (b) Clarence J. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1943 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from 7-13-38, 19..., to 1-15-43 19...; that I last saw him alive on 1-15-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. myocarditis	5 yrs
Due to	
Due to	
Other conditions asthma (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations
Of autopsy

93d

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 R. J. Bridle (M. D. ~~coroner~~)
Address Wo Clay St. Date signed 1-19-43

619

(Licensed Embalmer's Statement on Reverse Side)

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 John E Dallmeyer

Licensed Embalmer No. 8951

P. O. Address St Charles 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.