S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22926

FILED JUL 24 1943

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 6438

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1951 a Lynch 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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 000 13 23

(c) City or town: St. Louis (If outside city or town limits, write "RURAL")

(d) Street No.: 1951 a Lynch St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Rosa Dietz

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: widow

6. (b) Name of husband or wife: Henry Dietz

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

7. Birth date of deceased: Dec. (Month) 7 (Day) 1871 (Year)

8. AGE: Years 71 | Months 7 | Days 7 | If less than one day: hr. min.

9. Birthplace: (City, town, or county) Hungary (State or foreign country)

10. Usual occupation: at home

11. Industry or business:

MOTHER FATHER

12. Name: Anton Glatz

13. Birthplace: (City, town, or county) Hungary (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: (City, town, or county) Hungary (State or foreign country)

16. (a) Informant: Mary Wolf

(b) Address: 1951 a Lynch St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Bur. Pk.

18. (a) Signature of funeral director: Witt Bro. L & N. Co.

(b) Address: 2929 S. Jefferson Av.

19. (a) (Date received local registrar) (b) J. F. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1943 hour 8 minute 30 p. M.

21. I hereby certify that I attended the deceased from Nov. 3rd. 19 42 to July 14th. 19 43 that I last saw h er alive on July 14th. 19 43 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy (cerebral hemorrhage)	1 day
Due to: Heat prostration	
Chronic arteriosclerosis	3yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): 19.2	
Major findings: Of operations: 94	
Of autopsy: 11	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 000

(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: C. W. Jungk (M. D. coroner)

Address: 2278 S. Jefferson Date signed: 7-15-43

(Licensed Embalmer's Statement on Reverse Side) Jungk

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 Harold C. Witt, Registered Apprentice No. 353, working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson Av

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.