

FILED FEB 14 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 337

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town Baden Station
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Training School
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 years
In this community 31 years, 8 months, 18 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Baden Station
(If outside city or town limits, write "RURAL")
(d) Street No. Bellefontaine & Hall Rd.
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME

Margaret Dietz

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex F

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

June 18, 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

31 8 19
26

4 hr. 15 min.

9. Birthplace

St. Louis
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation

None

11. Industry or business

None

MOTHER FATHER

12. Name

Winch

13. Birthplace

St. Louis
(City, town, or county)

Mo.
(State or foreign country)

14. Maiden name

Anna

Winch

15. Birthplace

St. Louis
(City, town, or county)

Missouri
(State or foreign country)

16. (a) Informant

Records of St. L. T. S.

(b) Address

Bellefontaine & Hall Rd.

17. (a) City, town, or county

St. Louis

(b) Date thereof

Feb 7, 44
(Month) (Day) (Year)

(c) Place: burial or cremation

New St. Marcus Cem.

18. (a) Signature of funeral director

J. L. Ziegenhein & Sons

(b) Address

70294 Gravois Ave.

19. (a) (Date received local registrar)

FEB 9 1944

(b) E. D. Dine

(Registrar's signature)

22. Signature Anthony M. Ellersieck

(M. D. or other)

Address St. Louis Training School

Date signed 2-7-44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7th
year 1944 hour 4 minute 15 a. m.

21. I hereby certify that I attended the deceased from January 31, 1944, to Feb 7, 1944, that I last saw her alive on Feb 7, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death

Status epilepticus

Duration

8 hrs

Due to

Mental Defect
Epilepsy

31 years

31 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

(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

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

9600

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..... *B. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address..... *7027 Brawley*

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.