

FILED JUN 30 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5630

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
6109 Lillian  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

In this community 35 Yrs.

3. (a) PRINT FULL NAME William Dietrich

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased: June (Month) 1879 (Day) (Year)

8. AGE: Years 65 Months 0 Days 1 If less than one day 1 hr. 111 min.

9. Birthplace Iuka, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk (last worked 2 1/2 yrs ago)

11. Industry or business Kroger Groc.

MOTHER FATHER { 12. Name Fred Dietrich

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

14. Maiden name Maria Schroeder

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

16. (a) Informant Clara Dietrich

(b) Address 6109 Lillian

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Bederwood Funeral Home

(b) Address 1926 St. Louis Ave.

19. (a) JUN 22 1944 (Date received local registrar) J. F. Budack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 6109 Lillian  
(If rural, give location)

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

If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 20 year 1944 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from MAR - 3 1943 to June 20 1944 that I last saw him alive on June 20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: CARDIO-RENAL-VASCULAR-DISEASE

Due to Arteriosclerosis 5-8 yrs.

Due to Chronic Nephritis ?

Other conditions 12/1  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 12/1

Of operations ?

Of autopsy ?

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) Home

While at work? - (c) Means of injury -

23. Signature J. Olson (M. D. or other) PO

Address 4781/9 Thrush Date signed 6-21-44

*Dr. Charles ...*

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....

*[Signature]*  
..... Licensed Embalmer No. ....

..... P. O. Address.....

*2727*  
*1936 N. Louis*

**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.**