No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6185

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1970

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Christian Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks (Specify whether
In this community ?
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 10 17 9 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3776 Penrose St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Dietz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Herman Dietz

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

7. Birth date of deceased January 9, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	1	16	hr. min.

9. Birthplace Belleville, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Baltauser Reisbich
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Potts
(b) Address 3776 Penrose St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1947.
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge

19. (a) FEB 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th
year 1947 hour 2:10 minute P. M.

21. I hereby certify that I attended the deceased from Jan-15th-1944, 19 44 to Feb-25th-1947, 19 47
that I last saw her alive on Feb-25th-1947, 19 47
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy left	2 days
Due to: Cardio - Vascular - Renal disease	7.
Due to: Hypertension	9.
Other conditions: Senility. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Cerebral apoplexy 3 yrs ago
Of autopsy
Fracture hip left Femur. 7 weeks ago

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) Fell in her room.
(b) Date of occurrence Jan-6th-1947 000
(c) Where did injury occur? 3776- Penrose St.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Stairs in her home
(Specify type of place)
While at work? (e) Means of injury

23. Signature Luke B. Tiernan Jr. (M. D. or other)
Address 3718 Jennings Rd Date signed

(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.....Ralph C. Linders.....

Licensed Embalmer No. 4225

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.