

FILED JUL 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26333  
Registrar's No. 1548

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Manchester  
(c) Name of hospital or institution Pine Crest Homes for Aged  
(d) Length of stay: In hospital or institution 1 mo  
In this community yes

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County oro  
(c) City or town St. Louis  
(d) Street No. 5975 Lotus Ave.  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME John B. Dietz  
3. (b) If veteran, name war none  
3. (c) Social Security No. none  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Helen Dietz  
6. (c) Age of husband or wife if alive De'd. years  
7. Birth date of deceased July 24 1870

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 14 year 47 hour 9 minute 50 P.M.  
21. I hereby certify that I attended the deceased from June 20 1947, to July 14 1947; that I last saw him alive on July 14 1947; and that death occurred on the date and hour stated above.  
Immediate cause of death chronic nephritis  
hypertension & anemia Duration

8. AGE: Years 76 Months 11 Days 23 If less than one day hr. min.  
9. Birthplace Toledo, Ohio

Due to 93d  
Due to  
Other conditions  
Major findings:  
Of operations  
Of autopsy

MOTHER FATHER  
11. Industry or business  
12. Name George Dietz  
13. Birthplace Germany  
14. Maiden name  
15. Birthplace Elizabeth Mathias, Switzerland  
16. (a) Informant Mrs. C. Charles A. Dietz  
(b) Address 2949 Monticau Drive  
17. (a) Burial (b) Date thereof 7-17-1947  
(c) Place: burial or cremation Bethany Cemetery  
18. (a) Signature of funeral director E. L. Pleitner, Inc.  
(b) Address 5946 68 Eastern Ave.  
19. (a) 7-19-47 (b) Paula J. Pleitner

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
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) (c) Means of injury  
23. Signature A. Y. Mendenhall  
Address 3507 Belmont Date signed 7-12-47

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

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**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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St 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.**