

FILED OCT 23 1948
Registration District No. **377**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
9377 S. South Broadway
(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)

3. (a) PRINT FULL NAME John Dietrich

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Catherine Dietrich

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased: September 13 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>0</u>	<u>29</u>	hr. min.

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

10. Usual occupation: Machinist

11. Industry or business: Johnston Tinfoil

12. Name: Charles Gustoson

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

14. Maiden name: Unknown

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

16. (a) Informant: Mrs. Catherine Dietrich
(b) Address: 9377 S. Broadway

17. (a) Burial (b) Date thereof: 10/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olive Cemetary

18. (a) Signature of funeral director: C. Hoffmeister U. & L. Co.
(b) Address: 7814 S. Broadway

19. (a) 10-12-48 (b) James J. Staley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 9377 South Broadway 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1948 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from June 11 1948 to Oct 11 1948
that I last saw him alive on Oct 11 1948 and that death occurred on the date and hour stated above. 6 mo
Duration

Immediate cause of death: Congestive heart failure

Due to: Heart Insufficiency

Due to: 920

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations:

Of autopsy: none

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

(a) Accident; suicide; or homicide (specify) none

(b) Date of occurrence: none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
(Specify type of place)

While at work? no (e) Manner of injury: no

23. Signature: James J. Staley M. D. or other
Address: 1325 S. Grand Date signed: 10-12-48

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.