No. 300
10.48

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

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2607

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 831

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5524 Dewey Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 5524 Dewey Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Pauline
b. (Middle):
c. (Last): Dietrich

4. DATE OF DEATH (Month) (Day) (Year): January 27, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 10, 1858
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months: – Days: 17 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (State or foreign country): New Welles, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Mathias Koessl
13b. MOTHER'S MAIDEN NAME: Maria Haffenfeldner
14. NAME OF HUSBAND OR WIFE: Charles A. Dietrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: –
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Theo. Mueller
ADDRESS: 5524 Dewey Avenue

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Arterial Sclerotic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: –
19b. MAJOR FINDINGS OF OPERATION: –
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1946, *to* Jan. 27, 1949, *that I last saw the deceased alive on* Jan. 27, 1949, *and that death occurred at* 12:30Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph Thompson MD
23b. ADDRESS: 3606 Gravois St Louis Mo
23c. DATE SIGNED: 1-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/31/49
24c. NAME OF CEMETERY OR CREMATORY: Concordia Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: JAN 28 1949
REGISTRAR'S SIGNATURE: J B Lacate
25. FUNERAL DIRECTOR'S SIGNATURE: BEIDERWIEDEN F.H. INC.
ADDRESS: 1936 St. Louis Ave

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ralph Thompson,
S.S.Natl. Bank Bldg.,

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Signed Neal E. Paulson

Signed _____
Student Embalmer

Licensed Embalmer No. 4114

P. O. Address 1936 Lane Ave

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.