

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34971
9315
Registrar's No.

FILED NOV 8 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Collinsville</u> <u>8720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarinate Word Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>729 Maple Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MIKE</u> b. (Middle) MIKE c. (Last) <u>DIETCHMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 26, 1886</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mine</u>	11. BIRTHPLACE (State or foreign country) <u>Lithuania</u> <u>8</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Dietchman</u>	
13b. MOTHER'S MAIDEN NAME <u>Elsie Dravenck</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Dietchman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490-03-0404</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Anna Dietchman</u>		ADDRESS <u>Collinsville Ill.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Acute Coronary Insufficiency</u> <u>Complete Heart Block</u> <u>Myocardial Infarction</u> <u>Chronic Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Hypertension</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		<u>H2O</u>	
22. I hereby certify that I attended the deceased from <u>10/21/51</u> to <u>10/21/51</u> , that I last saw the deceased <u>live</u> on <u>10/21/51</u> , and that death occurred at <u>10:10 PM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>George J. Melanick</u>		23b. ADDRESS <u>3903 Olive</u>	
23c. DATE SIGNED <u>10/21/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 22, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. John's</u>		24d. LOCATION (City, town, or county) (State) <u>Collinsville, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 22 1951</u>		REGISTRAR'S SIGNATURE <u>Earl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert R. Kelly</u>		ADDRESS <u>Collinsville, Ill.</u>	

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

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. *Not Embalmed.* Student Embalmer No. _____

Student _____
Student Embalmer

Signed *Shepard A. Kaspy* _____

Licensed Embalmer No. *2807* _____

P. O. Address *Collinsville, Ill.* _____

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.