

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34972
8753

318

1009

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1009		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.) c. LENGTH OF STAY (in this place) township) d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2109 d. STREET ADDRESS (If rural, give location) 2816 N. SPRING AVE			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Jacob c. (Last) Dietrich		4. DATE OF DEATH 10 3 51		5. SEX 0 MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH 4-17-1885		9. AGE (In years last birthday) 66		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAVERN OPERATOR RETIRED		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS, Mo		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME WILLIAM DIETRICH		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE ADDIE MAY DIETRICH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Addie May Dietrich 2816 N. Spring Ave			
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* (a) Recurrent Laryngeal Cancer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Infarct				INTERVAL BETWEEN ONSET AND DEATH 2 years 2 days	
19a. DATE OF OPERATION 9-28-51		19b. MAJOR FINDINGS OF OPERATION No reoccurrence of cancer				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 161X			
22. I hereby certify that I attended the deceased from 9-22, 1951, to 10-3, 1951, that I last saw the deceased alive on 10-3, 1951, and that death occurred at 1:10 pm., from the causes and on the date stated above.							
23a. SIGNATURE FR Bradley M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 10-3-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-5-1951		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. OCT 4 1951		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. Knowlton 2707 N. Grand			

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.

Student
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.