

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34974

State File No. ....  
Registrar's No. .... 9687

FILED NOV 8 1951

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....		Registrar's No. ....					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u>				c. LENGTH OF STAY (In this place) _____		2. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>202-9</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4333 Loughborough</u>				d. STREET ADDRESS (If rural, give location) <u>4333 Loughborough</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary (Mammié)</u>			b. (Middle) <u>Dietz</u>			c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31, 1951</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 24, 1889</u>		9. AGE (In years last birthday) <u>62</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>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U</u>			
13a. FATHER'S NAME <u>Unk. Holzborn</u>				13b. MOTHER'S MAIDEN NAME <u>Unk</u>				14. NAME OF HUSBAND OR WIFE <u>Alvin F. Dietz</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alvin F. Dietz 4333 Loughborough</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Disease</u>  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.								INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>			
19a. DATE OF OPERATION <u>May 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>(Biopsy) - Hodgkins disease</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2014</u>									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____									
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>49</u> , to <u>31 Oct</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>30 Oct</u> , 19 <u>51</u> , and that death occurred at <u>6:30 am.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Ray H. Schmieciel M.D.</u> (Degree or title)				23b. ADDRESS <u>6817 E. Groves Ave.</u>				23c. DATE SIGNED <u>1 Nov 51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>					
DATE SIGNED BY LOCAL REG. <u>Nov 2</u>		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Southern Funeral Home</u> <u>6322 S. Grand Blvd.</u>							

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

OR 0149

Dr. R. H. Schmiemeier,  
6817a Gravois Ave.,

2 to 4 p.m.

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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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed *David Van Fossan* \_\_\_\_\_

Licensed Embalmer No. *4242* \_\_\_\_\_

P. O. Address *6322 So Grand* \_\_\_\_\_

**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.