

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 38910		Registrar's No. 9720	
1. PLACE OF DEATH a. COUNTY Missouri					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			c. LENGTH OF STAY (In this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital					d. STREET ADDRESS (If rural, give location) 5351 Delmar				
3. NAME OF DECEASED (Type or Print) a. (First) Lucie			b. (Middle) Belle		c. (Last) Dietrich		4. DATE OF DEATH (Month) (Day) (Year) 11 1 1951		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH Aug-27-1854		9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 4	IF UNDER 1 YEAR Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Avery			13b. MOTHER'S MAIDEN NAME Caroline Harvey			14. NAME OF HUSBAND OR WIFE John Henry Dietrich, deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME James Robertson ADDRESS Masonic Home of Missouri, 5351 Delmar, St. Louis, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left Breast INTERVAL BETWEEN ONSET AND DEATH 6 Mo. *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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 <input 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) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 170X							
22. I hereby certify that I attended the deceased from Apr-12-19 41 to Nov-1-19 51 , that I last saw the deceased alive on 11-1-19 51 , and that death occurred at 10.20 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John P. ...					23b. ADDRESS 508 N. Grand			23c. DATE SIGNED 11-1-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/3/51	24c. NAME OF CEMETERY OR CREMATORY Manchester M.E. Cemetery		24d. LOCATION (City, town, or county) (State) Manchester Mo.				
DATE REC'D BY LOCAL HEALTH DEPT. NOV 2 1951		REGISTRAR'S SIGNATURE Earl Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc., Kirkwood, Mo.				

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

SEP 6 1956

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 *Felix Howard*

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood 227*

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.