

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11470

State File No. ....

2072

FILED MAR 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

|   |                        |  |  |
|---|------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE MISSOURI<br>b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN ST. LOUIS,  |                        | c. LENGTH OF STAY (in this place)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3017 KOSSUTH AVE  |                        | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN ST. LOUIS 2109   |  |
| d. STREET ADDRESS 10 3017 KOSSUTH AVE 0   |                        | d. STREET ADDRESS (If rural, give location)  |  |
| 3. NAME OF DECEASED<br>a. (First) FRANK<br>(Type or Print)  |                        |  | b. (Middle) A  |
| c. (Last) DIETZ   |                        |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>FEB, 21, 1953 |
| 5. SEX MALE 0   | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2   | 8. DATE OF BIRTH 12/6/1872                             |
| 9. AGE (In years last birthday) 80  |                        | 10. KIND OF BUSINESS OR INDUSTRY   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED   |                        | 11. BIRTHPLACE (City and State or Foreign Country) FLOISSANT MO 0  |  |
| 12. CITIZEN OF WHAT COUNTRY? MO.  |                        | 13a. FATHER'S NAME FRANK DIETZ   |  |
| 13b. MOTHER'S MAIDEN NAME ANNA FISCHER  |                        | 14. NAME OF HUSBAND OR WIFE ANNA DIETZ   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO  |                        | 16. SOCIAL SECURITY NO. #  |  |
| 17. INFORMANT'S SIGNATURE OR NAME EVA STUCKENBERG   |                        | ADDRESS 3017 KOSSUTH AVE   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary emphysema<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Bronchitis<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>"Inferiority of age" |  |
| 19a. DATE OF OPERATION  |                        | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>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? 526X   |                        |  |  |
| 22. I hereby certify that I attended the deceased from 2-18, 1953, to 2-21, 1953, that I last saw the deceased alive on 2-21, 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.      |                        |  |  |
| 23a. SIGNATURE (Name of Registrar) Wm. C. Knight, Jr.   |                        | 23b. ADDRESS 8201 W. Broadway, St. Louis 5   |  |
| 23c. DATE SIGNED 2/23/53  |                        |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL  |                        | 24b. DATE 2/25/53  |  |
| 24c. NAME OF CEMETERY OR CREMATORY SACRED HEART CEMETERY  |                        | 24d. LOCATION (City, town, or county) FLOISSANT MO.  |  |
| DATE REC'D BY LOCAL REG. FEB 24 1953  |                        | REGISTRAR'S SIGNATURE J. Carl Smith MD   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE  |                        | ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE   |  |

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

(Licensed Embalmer's Statement on Reverse Side)

**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 Albert Mayfield

Licensed Embalmer No. 3077

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.