

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6090**

FILED MAR 11 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1773**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (Specify place) <b>6 hrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. John 4 22 /</b>	
		d. STREET ADDRESS (If rural, give location) <b>3520 Boswell /</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b> b. (Middle) <b>J.</b> c. (Last) <b>Dietrich</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 24 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>April 3 1893</b>		9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Waterloo Illinois</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Fred Meyer</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Gerhardt</b>		14. NAME OF HUSBAND OR WIFE <b>John F. Dietrich</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John F. Dietrich 3520 Boswell</b>	
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac failure</b>				<b>Hours</b>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <b>Chronic Hypertensive Myocarditis</b>				<b>Years</b>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>				<b>12 years</b>	

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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 <b>443x</b>	
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22. I hereby certify that I attended the deceased from **May 19 1953** to **19 Feb. 1954**, that I last saw the deceased alive on **19 Feb. 1954**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul R. Whitener M.D.</b>		23b. ADDRESS <b>8923 Midland St. Louisville Mo.</b>		23c. DATE SIGNED <b>24 Feb 54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 27 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>FEB 24 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Collins Funeral Home 10123 St. Charles Ad.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Sheldon Collier*

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.