

FILED JAN 27 1955

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2979</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St Louis</u>			
b. CITY OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>4 mo.</u>		c. CITY OR TOWN <u>Sappington</u> <u>St Louis 3/8/40</u>		Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis Co Hosp</u>				STREET ADDRESS (If rural, give location) <u>9020 Sappington Rd</u>			
3. NAME OF DECEASED a. (First) <u>William</u>		b. (Middle) _____		c. (Last) <u>Dietrich</u>		DATE OF DEATH <u>Dec. 24 - 1954</u>	
(Type or Print)							
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>Feb 5 - 1876</u>	
						9. AGE (In years last birthday) <u>78</u>	
						IF UNDER 1-YEAR Months <u>10</u> Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Self-employed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Truck Farmer</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Sappington, Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY _____	
13a. FATHER'S NAME <u>John Dietrich</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Emilia Dietrich</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 <u>Sylvester Dietrich</u> ADDRESS <u>9020 Sappington Rd</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Sub-tracheal fracture left femur 72 days</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Sub-tracheal fracture right femur 3 mos.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerotic Hypertensive Cardiovascular Dis.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>SAPPINGTON 4th</u> (COUNTY) <u>ST. LOUIS</u> (STATE) <u>MO.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-23-54 3 a.m.</u>	
		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>FELL and could not get up</u>			
22. I hereby certify that I attended the deceased from <u>8-23</u> , 1954, to <u>12-24</u> , 1954, that I last saw the deceased alive on <u>12-24</u> , 1954, and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Cooper D. Ray, M.D.</u> (Degree or title)				23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo</u>		23c. DATE SIGNED <u>12-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Lucas</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>12-27-54</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Dombke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Bapp Inc. Kirkwood</u> ADDRESS _____			

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.....
Signature of Student Embalmer

Signed..... *Felix Durand*

Licensed Embalmer No. *303*

P. O. Address *Kirkwood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.