

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3369

State File No. \_\_\_\_\_

|  |  |  |   |   |  |   |   |
|--|--|--|---|---|--|---|---|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>317</u>  |   | PRIMARY REG. DIST. NO. <u>500</u>   |  | Registrar's No. <u>30</u>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. LOUIS COUNTY</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <u>MO</u><br>b. COUNTY _____ |  |   |   |
| b. CITY OR TOWN <u>ST. NORMANDY</u>  |  | c. LENGTH OF STAY (in this place) <u>2 1/2 months</u>  |   | c. CITY OR TOWN <u>ST. LOUIS</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORMANDY OSTEOPATHIC</u>  |  |  |   | e. STREET ADDRESS (If rural, give location) <u>4317 LEE</u> <u>2107/1</u>   |  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>LA VERNE</u><br>b. (Middle) <u>LEONA</u><br>c. (Last) <u>DIETZMAN</u>  |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>JAN 2 1956</u> |   |  |   |   |
| 5. SEX <u>FE</u>   |  | 6. COLOR OR RACE <u>WHITE</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>   |  | 8. DATE OF BIRTH <u>APRIL 18 1920</u>   |   |
| 9. AGE (in years last birthday) <u>35</u>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |   | IF UNDER 18 HRS.<br>Hours _____ Min. _____  |  |   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTAURANT OWNER</u>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>           |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u> |   | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   |
| 13a. FATHER'S NAME <u>JOSEPH TIECHNIK</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Cecelia L. Kusky</u>             |   | 14. NAME OF HUSBAND OR WIFE <u>HARRY H. Dietzman</u>                   |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492 05 3724</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Harry H. Dietzman 4317 LEE</u>  |  |   |   |
| 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.  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Overwhelming Toxemia</u><br>DUE TO (c) <u>Portal Cirrhosis</u> |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>12 Hrs.</u><br><u>3 Mo</u><br><u>2 yrs.</u>  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |   |   |  |   | 20. AUTOPSY?<br>YES <input checked="" 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)<br><u>5810</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>Oct 13</u> , 19 <u>55</u> , to <u>1-2</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-1</u> , 19 <u>56</u> , and that death occurred at <u>2:15 A.M.</u> , from the causes and on the date stated above. |  |  |   |   |  |   |   |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u>  |  |  |   | 23b. ADDRESS <u>Natural Bridge St. Louis, Mo.</u>   |  | 23c. DATE SIGNED <u>1-2-56</u>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   |  | 24b. DATE <u>Jan 5 1956</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>  |   |
| DATE REC'D BY LOCAL REG. <u>1-3-56</u>   |  | REGISTRAR'S SIGNATURE <u>[Signature]</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Math Hermann &amp; Son, Inc., 2161 E. Fair Ave</u>                           |  |   |   |

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

OCT 17 1957

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..... *Clement McNeary*

Licensed Embalmer No..... *373*

P. O. Address..... *H. Lane*

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.