No. 300
10-48

FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39346

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10317

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CHILDREN'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY
c. CITY OR TOWN: JOLIETTE
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): PARKVIEW TRAILER COURT

3. NAME OF DECEASED (Type or Print)
a. (First): DEBORAH
b. (Middle): ANN
c. (Last): DIETZ

4. DATE OF DEATH (Month) (Day) (Year): 11-11-56

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH: 10-24-56
9. AGE (In years last birthday): If under 1 year: Months / Days 18; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and State or Foreign Country): FLORA, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: HAROLD V. DIETZ
13b. MOTHER'S MAIDEN NAME: ADELINE REED
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: B. Britton 500 S. KINGSHIGHWAY

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) Bronchopneumonia, Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestinal obstruction (? Ileocecal area) — 2 weeks
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: 11/10/56
19b. MAJOR FINDINGS OF OPERATION: mucosal valve in the ileocecal area 756.2
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-26-56, 19___, *to* 11-11-56, 19___, *that I last saw the deceased alive on* 11-11-56, 19___, *and that death occurred at* 4:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hulda J. Wohltmann M.D.
23b. ADDRESS: 500 So. KINGSHIGHWAY
23c. DATE SIGNED: 11-11-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-13-56
24c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Joliet, Illinois,

DATE REC'D BY LOCAL REG.: NOV 13 1956
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. M.D.B.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert H. Hoppe 4700 Washington,

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.