

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19670

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1162

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>	c. LENGTH OF STAY (If this place) <u>10 days</u>	c. CITY OR TOWN <u>Normandy</u> <u>436</u>	d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1594 North & South Rd.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JESSIE</u>	b. (Middle)	c. (Last) <u>DIETRICH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5/4/57</u>
-------------------------------------	--------------------------	-------------	---------------------------	---

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 12 1883</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	-------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
--	--	--	--

13a. FATHER'S NAME <u>Wm McCraw</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Burns</u>	14. NAME OF HUSBAND OR WIFE <u>Michael (Dec)</u>
-------------------------------------	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virginia Fuse, 1594 North & South 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Peripheral Vascular Cellulitis</u>		<u>4 days</u>
	ANTECEDENT CAUSES		
	DUE TO (b) <u>uremia</u>		
	DUE TO (c) <u>Diabetes Mellitus & Generalized Arteriosclerosis</u>		<u>7 x 5</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> 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) m.	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 May 1, 1957, to May 4, 1957, that I last saw the deceased alive on May 3, 1957, and that death occurred at 11:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>William D. McKeown</u> (Degree or title)	23b. ADDRESS <u>3301 Ashby Rd St Ann Mo</u>	23c. DATE SIGNED <u>5/6/57</u>
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5/7/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. <u>5-6-57</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Double</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Goff Inc Kirkwood Mo</u>
--	--	---

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 *Francis J. Wyland Jr*.....
Licensed Embalmer No. *4512*

P. O. Address *Hickory*.....

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.