

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5582-63-021488
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5582**

FILED JUN 3 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS-300 Rev. 4/59
1
2 **22**
3
4 **1**
5 **1**
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7 **0**
8 **1**
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10
11
12 **73-0**
13

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb.	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2629th Iowa Ave.
3. NAME OF DECEASED (Type or print) First DOROTHY Middle MARIE Last DIETZ		4. DATE OF DEATH Month May Day 25 Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 4 1905
9. AGE (last birthday) 58 years		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME William J. Rogers		13b. MOTHER'S MAIDEN NAME Margaret Mulligan	
14. NAME OF HUSBAND OR WIFE Lawrence A. Dietz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Lawrence A. Dietz - 2629A Iowa Ave.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinosis of liver DUE TO (b) Chronic cholelithiasis DUE TO (c) Chronic cholecystitis			INTERVAL BETWEEN ONSET AND DEATH 6 min 6 min 6 min
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 584x			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Nov 2-62 to May 25-63 and last saw her alive on May 24-63 Death occurred at 12:58 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John Dealard (Deputy or title)		22b. ADDRESS 3737A Gravois Ave.	
22c. DATE SIGNED 5-27-63		23. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 28, 1963	23c. LOCATION (City, town, or county) St. Louis	23d. STATE Missouri
24. FUNERAL DIRECTOR Gebken Sons - 2630 Gravois Ave.		25. DATE RECD. BY LOCAL REG. MAY 27 1963	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

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 Yau M. Szymora

Licensed Embalmer No. 4343

P. O. Address St. Louis Mo.

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.