

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Wallerston (No. 1549, St. Vincents Lane)

Registration District No. 789
Primary Registration District No. 6033-B

File No. 10315
Registered No. 76
St. _____ Ward _____

2. FULL NAME Charles W. Dietz

(a) Residence, No. 1549 St. Vincents Lane, St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Dietz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 21, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 2 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

13. NAME George L. Dietz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Anna Dietz (ADDRESS) 1549 St. Vincents Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE March 16, 1934

19. UNDERTAKER Geo. L. Pleitich Inc (ADDRESS) 5966 Easton Ave.

20. FILED 3-15-34 DeBachner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4:30 P.M.. The principal cause of death and related causes of importance were as follows:

Suicide: self intent, shot self in abdomen with 16 gauge shot gun in the bed room of his home. Died, very shortly afterward. Found by his son. Had remarked on number of occasions that he intended to end it all, due to dispendency from the loss of considerable sums of money. Date of onset 14

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 3/13/34
Where did injury occur? 1549 St Vincents Lane (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gunshot
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) Leeke 23 3/19/34 M.D.
(Address) 3718 Jennings Rd.

Forrest St. Louis Mo, 2110.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

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and loss of his position in the past three or four years.

Sec: Autopsy revealed that the entire charge from the shot entered the abdomen macerating all abdominal contents from the liver to the pelvis. The charge from the shot gun entered the abdomen just to the left and little below the umbilicus. Was held at a close or perhaps pressing range as the entire surroundings of the entrance of the discharge of the shot gun were extremely powderburned.