

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.

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

Do not use this space.

38822

DEC 4 1936

1. PLACE OF DEATH
 County St. Charles Registration District No. 759
 Township Callaway Primary Registration District No. 6000
 City _____ (No. _____) St. _____ (Ward _____)

2. FULL NAME Albert M. Dietz
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

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 Rose Dietz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>7</u>	<u>19</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Indianapolis Ind.

FATHER

13. NAME Geo. Dietz

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

MOTHER

15. MAIDEN NAME Mrs. Emma

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

17. INFORMANT (ADDRESS) Mrs. Rose Dietz, 215 North 2nd St., Tenthredon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE Oct 23, 1936

19. UNDERTAKER (ADDRESS) St. Louis, Mo.

20. FILED 23 - 1936 O. A. Muhl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-19, 1936, to 10-22, 1936
 I last saw him alive on 10-21, 1936 Death is said to have occurred on the date stated above, at 2⁰⁰ a.m.
 The principal cause of death and related causes of importance were as follows:
apoplexy (Cerebral)
hypertension
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) T. J. Tower, M. D.
 (Address) Tenthredon, Mo.

