

DEC 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township St. Francois
Near Farmington, Mo. (No. _____ St. _____ Ward _____)

Registration District No. 773
Primary Registration District No. 6018A

File No. _____

Registered No. 182

42329

2. FULL NAME

Hazel A. Dietz

(a) Residence, No. St. Louis, Mo.

(Usual place of abode)

St. _____

Ward _____

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

Aug. 15, 1910

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hra. ormin.

27

3

17

OCCUPATION

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

Stenographer

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)

St. Louis
Missouri

MOTHER FATHER

13. NAME

Frank Dietz

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

St. Louis County
Missouri

15. MAIDEN NAME

Anna Kaemmerer

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

St. Louis,
Missouri

17. INFORMANT (ADDRESS)

State Hospital #4, Records
Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Florissant, Mo. DATE Nov. 15, '37

19. UNDERTAKER (ADDRESS)

Goodhart & Goodhart
St. Louis, Missouri

20. FILED

Nov 12 1937

J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 193722. I HEREBY CERTIFY, That I attended deceased from December 30, 1935 to November 12, 1937I last saw h. & s. alive on November 10, 1937. Death is said to have occurred on the date stated above, at 10:25 AM.

The principal cause of death and related causes of importance were as follows:

Dementia Praecox (Paranoid type)Date of onset
8/20/35

Other contributory causes of importance:

Hyperinsulism with Hemorrhagic
Gastroenteritis and Hemorrhagic
encephalitis10/14/37Name of operation None Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? yes23. 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) C. C. Ault(Address) Farmington, Mo

M. D.

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.

