

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

33832
Do not use this space.

OCT 6 NOV 16 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township _____ Primary Registration District No. _____
(c) City St. Louis (d) Street No. 4222 Osceola 1003 Registered No. 8818
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

320 Louisa Belle Dietz

(a) Residence, No. 4222 Osceola St. St. 15 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Frank Christian Dietz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1890

7. AGE YEARS 47 MONTHS 11 DAYS 1 If LESS than 1 day,hrs. ormin.

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

12. BIRTHPLACE (CITY OR TOWN) Chicago (STATE OR COUNTRY) Ill.

13. NAME Alexander C. Taggart
14. BIRTHPLACE (CITY OR TOWN) Steubenville (STATE OR COUNTRY) Ohio

15. MAIDEN NAME May Koesner
16. BIRTHPLACE (CITY OR TOWN) Iowa City (STATE OR COUNTRY) Iowa

17. INFORMANT Frank C. Dietz (ADDRESS) 4222 Osceola St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE 10-11, 1938

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary (ADDRESS) 4228 So. Kingshighway

20. FILED OCT 10 1938 J. W. Breda Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from SEPT 30, 1938 to Oct 8, 1938
I last saw her alive on Oct 7, 1938. Death is said to have occurred on the date stated above, at 12¹⁶ A.M.

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

CHRONIC MYOCARDITIS
ACUTE CONGESTIVE HEART FAILURE

Date of onset

9/30/38

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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) John T. Landra M. D.
(Address) 3115 S. Grand Blvd.

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

Registered Apprentice No., working under my personal supervision.

Signed *Edwin M. Alexander*

Licensed Embalmer No. 3024

P. O. Address

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 this body is not embalmed, above space should be left blank.