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

REC'D DEC 16 1938

39764
Do not use this space.

1. PLACE OF DEATH
(a) County Marion — Registration District No. 547
(b) Township Mason — Primary Registration District No. 3079 — Registered No. 292
(c) City Hannibal — (d) Street No. Levering Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Dietrich
(a) Residence, No. 1917 Hope Street St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Charles Phillip Dietrich
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1875
7. AGE: YEARS 63 — MONTHS 1 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Beverly, New Jersey
FATHER
13. NAME Victor Weber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France.
MOTHER
15. MAIDEN NAME Mary Weber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
17. INFORMANT (ADDRESS) Harold Dietrich Hannibal Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Grand View Cemetery DATE Nov. 3, 1938
19. FUNERAL DIRECTOR (ADDRESS) Roy P. Schwartz Hannibal Mo.
20. FILED Nov 2, 1938 W C Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw her alive on Oct 31st, 1938. Death is said to have occurred on the date stated above, at 5:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Severe-Heart Disease & Decompensation — about	10/10/38
Congestive Pulmonary Edema	10/30/38

Other contributory causes of importance:

Diabetes Melitus about	1934
Chr. Gall Bladder Disease about	1925

Name of operation None Date of ....
What test confirmed diagnosis? Clinical & Laboratory 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) T. E. Sultzman, M. D.
(Address) Hannibal Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2. 50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Roy P. Schwartz, Licensed Embalmer No. 1765

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Roy P. Schwartz

L. E.

No. 1765 or by, Registered Apprentice No.

working under my personal supervision.

Signed Roy P. Schwartz

Licensed Embalmer No. 1765

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.)