

FILED MAR 17 1942

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3308 LASALLE ST. 1
(If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 1800J
 (c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 3308 LASALLE ST. 1
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME NELLIE DIETZ
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
 year 1942 hour 9 minute 35 p. M.
 21. I hereby certify that I attended the deceased from
Feb 7 1942 to Feb 23 1942
 that I last saw her alive on 2/23 1942
 and that death occurred on the date and hour stated above.

4. Sex FEMALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOW
 6. (b) Name of husband or wife PHILIP DIETZ
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased FEB 2 1878
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis
 Due to _____
 Due to _____
 Other conditions Chronic Nephritis
Hypertension
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
64 - 21 hr. min.

9. Birthplace ST. LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER.

11. Industry or business OWN

12. Name THOMAS MARTIN

13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

14. Maiden name JOHANNA BARRY 17
(City, town, or county) (State or foreign country)

15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mamie O'Keefe
 (b) Address 3308 La Salle St.

17. (a) BURIAL (b) Date thereof FEB 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmur.
 (b) Address 3125 Lafayette av

19. (a) FEB 26 1942 (b) J. F. Budeck
(Date of Burial) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature Chas. E. Hansen M. D. or other _____
 Address 3157 1/2 Packard Date signed 2/25/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Jose B. Vollmer

Licensed Embalmer No. *40114*

P. O. Address *3125 Lafayette Av*

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, fact should be so stated above.