S. No. 2
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25246

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 1581

96
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3

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7910 Caroline Ave.
(If not in hospital or institution, write street number or 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 Mo (b) County St. Louis 96 5
(c) City or town Maplewood 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7910 Caroline Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Albertina Dietz

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Oct. 7th, 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	9	15	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name August Catzke
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Caroline Pommering
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Henry C. Dietz
(b) Address 7910 Caroline Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 N. Kingshighway
19. (a) JUL 23 1942 (Date received local registrar) (b) E G McGanan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1942 hour 10 minute 20 A M.
21. I hereby certify that I attended the deceased from July 19, 1942, to July 22, 1942
that I last saw her alive on July 22, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Valvular Cardiac Condition	4 years
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? — (Specify type of place)
While at work? — (e) Means of injury —
23. Signature Vincent Hounsend (M. D. or other) MD
Address 3101 a Sutton ave Maplewood Mo Date signed 7-23-42

(Licensed Embalmer's Statement on Reverse Side)

MAR - 7 1945

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 G. W. Wilkinson

Licensed Embalmer No. 2575

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.