

FILED DEC 1 1942

Registration District No. 109

Primary Registration District No. 109

Registrar's No. 2024

96
655

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 Avenue /
(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 Missouri (b) County St. Louis

(c) City or town Maplewood
(If outside city or town limits, write "RURAL.")

(d) Street No. 7910 Caroline Ave
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Henry C. Dietz

3. (b) If veteran, name war..... 3. (c) Social Security No. 488-05-0614

4. Sex Male 5. Color or Race Wh 6. (a) Single, widowed, married. Divorced Widowed

6. (b) Name of husband or wife. Albertina W. Dietz 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Sept. 25 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 1 12 hr. _____ min.

9. Birthplace Baltimore Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business.....

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robt. Eimer

(b) Address 4428 Harris Avenue

17. (a) Burial (b) Date thereof. 11/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Peters Cem

18. (a) Signature of funeral director Kraeger-Voss-Fiz

(b) Address 3402 No. Kingshighway

19. (a) NOV 7 1942 (b) C. J. McArthur
(Date received for recording) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6th
year 1942 hour 3 minute P M.

21. I hereby certify that I attended the deceased from April 18, 1942 to Nov 6, 1942
that I last saw him alive on Nov 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Metastatic Carcinoma of the lymph glands of neck

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 5 months of death)

Duration
2 years

Major findings: Carcinoma of lymph glands of neck

Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Vincent J. Housard (M. D. or other) MD

Address 3101st Sutton Ave Date signed 11-7-42
Maplewood Mo

MAD 2 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 J. G. S. Minant
Licensed Embalmer No. 1122
P. O. Address City

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.