

FILED JAN 19 1943

State File No.

193

Registration District No. 218

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3141 Lackland Ave. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Lena Dietz

3. (b) If veteran, name war XX 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Dietz 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased April 3 1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 4 If less than one day hr. min.

9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name -- Luty 13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Unknown 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella Patrick (b) Address 3141 Lackland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director J. S. Ziegler & Sons

(b) Address 7020 Gravois Ave.

19. (a) JAN 8 1943 (b) J. F. Bradach (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7 year 1943 hour 8:15 minute A.M.

21. I hereby certify that I attended the deceased from January 6, 1943, to January 7, 1943; that I last saw him alive on January 7, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Second recurrent coronary thrombosis with cardiac decompensation

Due to...  
Due to...  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations...  
Of autopsy...

Duration  
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 F. R. Bradley (M. D. or other) Address Date signed 1/7/43

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

MOTHER FATHER

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**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.....

*C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address.....

*7027 Gravois*

**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.**