S. No. 2
M—9-4-41
v. 5-17-39

FILED MAY 10 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13931

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 140

16
1
4

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 721 South Fountain (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 43 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL") 1

(d) Street No. 721 South Fountain (If rural, give location) 4

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Fred Dietiker

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Tampa Trout

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 7 (Day) 1867 (Year)

8. AGE: Years 76 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name John Dietiker
13. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Chas. Dietiker

(b) Address Cape Girardeau Mo

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 5-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont

18. (a) Signature of funeral director [signature]

(b) Address Cape Girardeau Mo

19. (a) 5-5-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1943 hour 3 minute a M.

21. I hereby certify that I attended the deceased from Dec. 14 1942 to April 30 1943 that I last saw him alive on April 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Hypertensive	
Myocarditis	3 yrs.
Due to Arteriosclerosis	3 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature William J. Dietiker (M. D. or other)

Address Cape Girardeau Mo Date signed 5-1-43

(Licensed Embalmer's Statement on Reverse Side)

1014

RECEIVED

District Health Officer No. 4

District File Number 543-2208

Date Filed 5-7-43

MAY 1 1962

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 W. H. Estes

Licensed Embalmer No. 3568.

P. O. Address Cape Girardeau, Mo.

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.