

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19524

State File No.

6111

Registrar's No.

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

FILED JUL 13 1943 318

Primary Registration District No. 1003

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:
5362 Shreve Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 50 Years. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Herman Dietz Sr.
3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Dietz 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased. November 29 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 4 hr. min.

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

10. Usual occupation Retired Salesagency.

11. Industry or business.....
12. Name Unknown.
13. Birthplace Unknown. (City, town, or county) (State or foreign country)
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Mary Dietz.
(b) Address 5362 Shreve Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-43
(Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.
19. (a) JUL 6 1943 (Date received local registrar) J. F. Medeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17 77
(a) State Missouri. (b) County.....
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 5362 Shreve Ave. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1943 hour 2:30P.M. minute..... M.
21. I hereby certify that I attended the deceased from July 4
2 to July 3 1943
that I last saw him alive on July 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
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 H. A. Lehman (M. D. or other) M.D.
Address 1511 E Grand Date signed 7-5-43

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 Norman L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

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.