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No. 2
1-2-43
5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 6 1943

Registration District No. 217

Primary Registration District No. 3068

Registrar's No. 2419

9600
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months
(Specify whether life)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Edward F. Dietz

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lenz Dietz

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

7. Birth date of deceased Feb 8 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>8</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Jeweler

11. Industry or business _____

MOTHER { 12. Name Frank Dietz

FATHER { 13. Birthplace Germany
(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 Janet Wyatt

(b) Address 3141 Lackland Ave.

17. (a) Burial (b) Date thereof 10/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) NOV 1 1943 (b) E. G. McFarren, D. O.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th
year 1943 hour 7:00 minute A M.

21. I hereby certify that I attended the deceased from 8-1-43
to 10-26 1943
that I last saw him alive on 10-24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to arteriosclerosis

Due to Hypertension

Other conditions Previous stroke
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 93rd

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 fall

23. Signature Chas. Coen, M.D. (M. D. or other) Chas. Coen

Address Chas. Coen, D.O. Date signed 10-28-43

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..... *G. P. Kidwell*.....

Licensed Embalmer No..... *3877*.....

P. O. Address..... *7027 Grandis*.....

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.