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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16287

FILED JUN 1 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4745

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo (b) County St. louis

(c) City or town Vinita Park
(If outside city or town limits, write "RURAL")

(d) Street No. 8227 Flora Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Wm. H. J. Dietrich

3. (b) If veteran, name war Yes

3. (c) Social Security No. 496-14-8949

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Edna

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May 31st, 1896 (Month) (Day) (Year)

8. AGE: Years 47 Months II Days 21 If less than one day hr. min.

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

10. Usual occupation Newspaper Carrier

11. Industry or business Own

FATHER
12. Name John C. Dietrich
13. Birthplace St. L. County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Litzsinger
15. Birthplace St. L. County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Dietrich
(b) Address 8227 Flora Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/44 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Park Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 N. Kingshighway

19. (a) MAY 22 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1944 hour 8.30 minute A.M.

21. I hereby certify that I attended the deceased from May-19-, 1944 to May-21-, 1944; that I last saw him alive on May-21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Contributary Cause unknown	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Arthur W. Westrup (M. D. or other)
Address Webster Groves Mo. Date signed 5-22-44

(Licensed Embalmer's Statement on Reverse Side)

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 John J. Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.