

S. No. 2
M-8-43
5-17-39
I X37823

35220/

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 29 1944
Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 2161

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

16
7
4

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
685 Oakwood Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 685 Oakwood Avenue 4
(If rural, give location)

(e) Citizen of foreign country? No - (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME ADOLPH G. DIETERICH

3. (b) If veteran, name war No

3. (c) Social Security No. 466-10-7322A

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 12 26 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 9 25 hr. min.

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel Clerk

11. Industry or business _____

MOTHER FATHER {

12. Name Adolph Dieterich

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Peter

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lena K. Digby

(b) Address 685 Oakwood Avenue

17. (a) Burial (b) Date thereof 10-23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Alitander & Sons

(b) Address 6175 Delmar Boulevard

19. (a) OCT 24 1944 (b) E. J. McClauran 11:00
(Date received local registrar) (Registrar's signature) Address _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 - day 21
year 44 hour 3 minute 11 M.

21. I hereby certify that I attended the deceased from Aug 1
1944 to Oct 20 1944
that I last saw him alive on Oct 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia bronch 4d.
Duration

Due to Arterioscler.

Due to neplentia cher.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 lb

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 Carl G. Decker (M. D. or other) MD
Address Webster Groves Date signed 10-24

707

Dr Carl Jirik
227 E Lockwood 1 to 2:30 P.M.
Re 2960

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 Thomas R. Lemack

Licensed Embalmer No. 3793

P. O. Address St Louis 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.