

FILED FEB 7 1945  
 Registration District No. **318**

Primary Registration District No. **1000**

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

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:  
4121 Pleasant st  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community.....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County.....  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4121 Pleasant st  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Frederick J. Dietz  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 28  
 year 1945 hour 12 minute 30 P.M.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Minna Dietz  
 6. (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased July 24 1871  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
Aug 23, 1944 to Jan 28, 1945  
 that I last saw him alive on Jan 28, 1945  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
73 6 4 ..hr. ..min.

Immediate cause of death Carcinoma of Stomach Duration 8 1/2  
 Due to Anteusclerosis 1-23-44  
 Due to ..

9. Birthplace Minnesota Minnesota  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Grocer  
 11. Industry or business self

Other conditions (Include pregnancy within 3 months of death) H<sub>6</sub>  
 Major findings: Of operations.....  
 Of autopsy.....

MOTHER FATHER  
 12. Name unknown  
 13. Birthplace unknown 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace unknown 9  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Minna Dietz  
 (b) Address 4121 Pleasant st  
 17. (a) Burial (b) Date thereof Jan-31, 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation St. Peters Cemetery  
 18. (a) Signature of funeral director A. Kron & Co.  
 (b) Address 2707 N. Grand Bly'd  
 19. (a) JAN 30 1945 (b) J. F. Bredeck  
 (Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Cause of injury.....  
 23. Signature Minna Dietz M. D. or other MD  
 Address 226 1/2 N. Grand St Date signed 1-30-45

**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 Francis Williamson

Licensed Embalmer No. 3565

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.**