S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42962

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11995

WRITE PLAINLY—USING 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: 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

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

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

(d) Street No. 847 Providence 4
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) N12 1

If yes, name country

3. (a) PRINT FULL NAME JohnG Dietz

3. (b) If veteran, name war

3. (c) Social Security No. 492-10-2252

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February (Month) 11 (Day) 1886 (Year)

8. AGE: Years 61 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation Sheet Metal Worker

11. Industry or business J.F.Higgins & Co

FATHER
12. Name Rudolph Dietz
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marg Luebben
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Dietz
(b) Address 847 Providence

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat bridge Blvd

19. (a) DEC 30 1947 (Date received local registrar) (b) J. Bredich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
year 1947 hour 11. minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 26, 1947, to Dec 28, 1947
that I last saw him alive on Dec 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypoglycemia shock

Due to Carcinoma of the pancreas

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of the pancreas
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 Dean Sauer (M. D. or other) M.D.

Address 916 Mo. Theat Bldg. Date signed 12-30-47

Jefferson City Printing Co.

(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 Ralph C. Linden

Licensed Embalmer No. 4275

P. O. Address St. Louis

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.