

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27643
Registrar's No. 7172

FILED AUG 28 1948
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to Hospital (Alexian Bros)
(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

3. (a) PRINT FULL NAME Charles F. J. Dietrich

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene B. 6. (c) Age of husband or wife If alive 58 years
7. Birth date of deceased May 11 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 3 3 hr. min.

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

10. Usual occupation Department Manager
Boatmans Bank

11. Industry or business

12. Name Rudolph Dietrich
13. Birthplace Unknown Germany (City, town, or county) (State or foreign country)
14. Maiden name Anna
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Irene B. Dietrich
(b) Address 3671a Alberta

17. (a) Burial (b) Date thereof 8/ 17/ 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Macken-Walden
(b) Address 3634 Gravois Ave.

19. (a) AUG 16 1948 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3671a Alberta 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14
year 1948 hour 2:05 minute 11 A. M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion
Coronary Sclerosis. Duration

Due to
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 Means of injury
23. Signature of physician J. F. Brudeck (M. D. or other)
Date signed 8/16/48

SEP 18 1971

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.....

Helix J. Krupin

Licensed Embalmer No.....

3497

P. O. Address.....

3634 Travis

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.