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UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35001

State File No. _____

FILED NOV 9 1948

Registration District No. 379

Primary Registration District No. 2002

Registrar's No. 290

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
residence-7200 Parshing 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 7200 Parshing Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MARGARET DIETRICH FISSE

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1948 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from October 21st
1948 to October 25th, 1948
that I last saw her alive on October 25th, 1948
and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife William E. Fisse

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

7. Birth date of deceased: June 8 1860
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis Duration 3 yrs.

Due to: Arteriosclerosis 5 yrs.

Due to: _____

Other conditions: 93d
(Include pregnancy within 3 months of death)

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

88 4 18 hr. _____ min.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

9. Birthplace St. Louis Missouri (1)
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

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? _____

MOTHER FATHER

12. Name Max Dietrich

13. Birthplace unknown Germany (7)
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Reymann

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

16. (a) Informant Frank H. Fisse

(b) Address 6219 Washington Blv'd., St. Louis

17. (a) burial (b) Date thereof 10-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Frank E. Nettick (M. D. or other) D.C.

Address 3407 S. Grand Blvd. Date signed 10/26/48

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd., St. Louis

19. (a) 10-28-48 (b) Paul J. Sharp
(Date received local registrar) (Registrar's signature)

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

Dr. Victor K. Ditrwick.
3407 So. Grand Ave.,
7 to 10 P.M.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.