

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6104
1737
Registrar's No. _____

No. 300
10-48

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

23

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Mo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WHITE CITY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1626 S. BROADWAY</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>DIETRICH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 22 1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOLDER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CUPPLES HESSE-ENVELOPE</u>		11. BIRTHPLACE (State or foreign country) <u>ST LOUIS Mo</u>	

13a. FATHER'S NAME <u>BALZER DIETRICH</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA-STENDER</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>492-03-3668</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm J. DIETRICH</u> ADDRESS <u>1626 S. BROADWAY</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Endocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostic Insufficiency</u>			
		DUE TO (c) <u>Chronic Myocarditis</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H2/H</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan. 7, 1948, to Febr. 15, 1949, that I last saw the deceased alive on Febr. 15, 1949, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry Gottlieb Pieper Ph. G. Lic. D.O.</u>		23b. ADDRESS <u>4126 S. Grand Blvd</u>		23c. DATE SIGNED <u>2-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 25 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Maries</u>	
		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. P. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm J. Robert L. & Co.</u> ADDRESS <u>1905 S. Grand Blvd.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4053

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.