

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20954**
Registrar's No. **4988**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gietner Home - South Broadway			d. STREET ADDRESS (If rural, give location) 5000 S. Broadway		
3. NAME OF DECEASED (Type or Print) Bertha		a. (First) Bertha		b. (Middle) Dietz	
c. (Last) Dietz		4. DATE OF DEATH June 5 1949		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Nov. 14 1869	
9. AGE (In years last birthday) 79		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis Mo.			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Theo Wieseemann		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE George (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Elezabeth Sommers ADDRESS 1236 Sidney	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Carcinoma (Pyroosis) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 2 years ?
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Louis Mo. 46	
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? 151X	
22. I hereby certify that I attended the deceased from Mar 24, 1945 , to June 5, 1949 , that I last saw the deceased alive on June 4, 1949 , and that death occurred at 9:02 a.m. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. B. Schumacher M.D.		23b. ADDRESS 5000 S. Broadway		23c. DATE SIGNED 6/7-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-8-49		24c. NAME OF CEMETERY OR CREMATORY St. Paul Church Yard	
24d. LOCATION (City, town, or county) (State) St. Louis County		DATE REC'D BY LOCAL REG. JUN 3 1949		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher ADDRESS 3013 Meramec St.	

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 _____

Jack Haupt

Student Embalmer No. *231*

working under my personal supervision.

Signed *Jack Haupt*
Student Embalmer

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.