

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3018

0136

FILED JAN 28 1953

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| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2097 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Baptist Hospital | | | | d. STREET ADDRESS (If rural, give location) 9 4439a Holly Avenue, 0 | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Kate | | b. (Middle) | | c. (Last) Dietmeier, | |
| 4. DATE OF DEATH | | (Month) Jan. | | (Day) 3, | | (Year) 1953 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | | 8. DATE OF BIRTH Sept. 29, 1875 | |
| 9. AGE (In years last birthday) 77 | | 10. UNDER 1 YEAR Months | | 11. UNDER 1 YEAR Days | | 12. UNDER 1 YEAR Hours | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and State or Foreign Country) Mitchell, Illinois, / | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Patrick Lee | | 13b. MOTHER'S MAIDEN NAME Bridget McCarthy | | 14. NAME OF HUSBAND OR WIFE Deceased, | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Edward J. Dietmeier, 4205a Linton Ave. | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Bowel</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stomach & Gallbladder</u> DUE TO (c) <u>Gastric Metastasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Age - 77 years</u> <u>Highly perturbed</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u> <u>3 yrs.</u> <u>1 yr.</u> <u>✓</u> | |
| 19a. DATE OF OPERATION <u>12-29-52</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Thick Gallbladder. Colon all involved</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. HOW DID INJURY OCCUR <u>151A</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>11-20</u> , 195 <u>2</u> , to <u>Jan 20</u> , 195 <u>3</u> , that I last saw the deceased alive on <u>1-2</u> , 195 <u>3</u> , and that death occurred at <u>11:40 AM.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>E. H. Riddell M.D.</u> | | (Degree or title) | | 23b. ADDRESS <u>1259 N. Kingshighway</u> | | 23c. DATE SIGNED <u>1-5-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE <u>1-7-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or County) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. JAN 6 1953 | | REGISTRAR'S SIGNATURE <u>E. H. Riddell M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son Inc. 2161 E. Fair Ave.</u> | | | |

(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 _____

Hulford & Burnley

Licensed Embalmer No. *4202*

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.