

FILED APR 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11469
State File No.
Registrar's No. **3053**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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|--|-------------------------------|--|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 3053 | | | |
| 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 town) ST. LOUIS | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, | | 2079 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) 3722 SHREVE AVE | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH | | b. (Middle) _____ | | c. (Last) DIETZ | | 4. DATE OF DEATH (Month) (Day) (Year) 3/20/53 | | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH 9/8/1890 | | 9. AGE (In years last birthday) 62 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME JOSEPH PESICK | | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE FRED J. DIETZ | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME FRED J. DIETZ ADDRESS 3722 SHREVE 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxic nephritis & glomerulonephritis | | | | INTERVAL BETWEEN ONSET AND DEATH 2 wks. | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diagn. Myocarditis | | | | DUE TO (c) arteriosclerotic nephro-sclerosis | | | | 1 yr. 1-2 yrs. | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input checked="" 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 442X | | | | | |
| 22. I hereby certify that I attended the deceased from 3-13 1953 to 3-20, 1953 , that I last saw the deceased alive on 3-20, 1953 , and that death occurred at 4:00 a.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE William W Farley (Degree or title) _____ | | | | 23b. ADDRESS 3108 S. Grand | | 23c. DATE SIGNED 3/20/53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 3/23/53 | | 24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO. | | | |
| DATE REC'D BY LOCAL REG. MAR 20 1953 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS STROOT - CARROLL, 1600 NATURAL BRIDGE AVE. | | | | | |

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.

Signed _____

Albert Mayfield

Student

Student Embalmer

Licensed Embalmer No. *3077*

P. O. Address *Albion, La.*

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.