

FILED FEB 7 - 1955

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 2477

0705

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0705			
1. PLACE OF DEATH a. COUNTY 0				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 SAINT LOUIS		c. LENGTH OF STAY (in this place) LIFE		c. CITY OR TOWN SAINT LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1				STREET ADDRESS (If rural, give location) 2269 2522 North 13th St. 6					
3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) FRED c. (Last) DIETRICH			4. DATE OF DEATH (Month) (Day) (Year) 1 22 55						
5. SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 6, 1890			
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER			10b. KIND OF BUSINESS OR INDUSTRY CARPENTER		11. BIRTHPLACE (City and State or Foreign Country) SAINT LOUIS, MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME LOUIS P. DIETRICH			13b. MOTHER'S MAIDEN NAME MARGARET LINDVALL			14. NAME OF HUSBAND OR WIFE PAULINE DIETRICH (HADORN)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 327-12-3069		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pauline Dietrich, 2522 N. 13th St. 6					
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) PNEUMONIA, lobar ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Vascular Accident 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	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 490x					
22. I hereby certify that I attended the deceased from 1-20, 1955, to 1-22, 1955, that I last saw the deceased alive on 1-22, 1955, and that death occurred at 9:10 P. m., from the causes and on the date stated above.									
23a. SIGNATURE Leo Prunko (Degree or title) M.D.			23b. ADDRESS 1515 Lafayette Ave.			23c. DATE SIGNED 1-24-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 26, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
DATE REC'D BY LOCAL REG. JAN 25 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 Nat'l. Bridge 15					

(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.....  
Signature of Student Embalmer

Signed *John A. Minar*  
Licensed Embalmer No. *418*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.