

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6375
1698

State File No.

Registrar's No.

FILED MAR 5 1956

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 23 1626 S. Broadway					
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) J. c. (Last) Dietrich		4. DATE OF DEATH Feb. 15, 1956		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 1, 1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surveyor Helper-City of St. Louis		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Balthasas Dietrich		13b. MOTHER'S MAIDEN NAME Johanna Stenter			
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) No None		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Edna Riekmann		18. ADDRESS 4447 Taft 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstruction (respiratory system)</u> ANTECEDENT CAUSES DUE TO (b) <u>Cancer of the tongue</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 terminal	
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) 141X			
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?			
22. I hereby certify that I attended the deceased from <u>Feb. 1</u> , 19 <u>56</u> , to <u>Feb. 15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb. 15</u> , 19 <u>56</u> , and that death occurred at <u>1:45A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>F.R. Bradley</i>		F.R. Bradley (Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL			
23c. DATE SIGNED 2/15/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 17, 1956			
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) St. Louis, Mo.		(State)			
DATE REC'D BY LOCAL REG. FEB 16 1956		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser			
				ADDRESS 4228 S. Kingshighway Bl.			

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard W. Storrs*

Licensed Embalmer No. *400*

P. O. Address

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.