S. No. 300
r. 10.48

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

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35433

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9556

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 48 years
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran Hospital
e. STREET ADDRESS (If rural, give location) 2913 Magnolia Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) MARGARET b. (Middle) c. (Last) DIETRICH

4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 18, 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 3, 1896
9. AGE (In years last birthday) 60 years — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY Household
11. BIRTHPLACE (City and State or Foreign Country) Arad, Roumania
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown Goschi
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Michael Dietrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-32-1160
17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Dietrich, 12600 Elnore (23)

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 14 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 3 years
DUE TO (c) Diabetes Mellitus — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease — 5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION No Operation 260X
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 1956, *to* October 18, 1956, *that I last saw the deceased alive on* October 18, 1956, *and that death occurred at* 2:14a *m., from the causes and on the date stated above.*

23a. SIGNATURE Julius Chas. Rotter (Degree or title) M. D.
23b. ADDRESS 2603a Cherokee St.
23c. DATE SIGNED 10/19/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct. 20, 1956
24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. OCT 19 1956
REGISTRAR'S SIGNATURE J. Carl Smith M.D. MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H., Inc., 1936 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

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3. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN
c. LENGTH OF STAY (In this place)
c. CITY OR TOWN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
e. STREET ADDRESS (If rural, give location)

6. NAME OF DECEASED (Type or Print)
c. (Last)
d. DATE OF DEATH (Month) (Day) (Year)

8. AGE (In years, if not birthday)
9. UNDER 1 YEAR Months Days

10. USUAL OCCUPATION (Or, if not at work, some other gainful occupation of working life, give it rather)
11. KIND OF BUSINESS OR INDUSTRY

13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME
14. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown)
15. SOCIAL SECURITY NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ..... Student Embalmer No. .....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Felix J. Kirspin

Licensed Embalmer No. 349

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.

2603a Cherokee St.
Fri 3:00 p.m.