FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6127

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 911

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 25 A. St. Louis City Hosp. #1 — Length of stay in 1b 1 WEEK 2259

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1624 LOCUST — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Alvin Middle Last Dietz

4. DATE OF DEATH Month Jan Day 27 Year 57

5. SEX M 0

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Aug-6-1896

9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months 4 Days 21 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) C.P.A

10b. KIND OF BUSINESS OR INDUSTRY SHELL OIL

11. BIRTHPLACE (City and state or country) ST. LOUIS - MO 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JOHN DIETZ

14. MOTHER'S MAIDEN NAME TERESA HARKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES (If yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs. Teresa Dietz, Address 6470 Plymouth

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bilateral Pyonephrosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CVA 600.0

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-24-57, to 1-27-57 and last saw her/him alive on 1-27-57
Death occurred at 8:20 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Stuart A. Yaffe, MD 0

22b. ADDRESS 1515 Lafayette

22c. DATE SIGNED 1-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 1-30-57

23c. NAME OF CEMETERY OR CREMATORY CALVARY

23d. LOCATION (City, town, or county) ST. LOUIS (State) MO

24. FUNERAL DIRECTOR L. B. Tanner ADDRESS 6702 Natural Bridge

25. DATE RECD. BY LOCAL REG. JAN 29 '57

26. REGISTRAR'S SIGNATURE J. Earl Smith MD MDB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Guy W. Wilkinson

Licensed Embalmer No. 35

P. O. Address St. Louis

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