

FILED SEP 4 1957

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

30424

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1959</u>			
I. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flordell Hills</u>		c. LENGTH OF STAY (in this place) <u>14 YRS.</u>		c. CITY OR TOWN <u>Flordell Hills</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5720 Gaylord Dr.</u>				e. STREET ADDRESS (If rural, give location) <u>5720 Gaylord Dr.</u>					
3. NAME OF DECEASED (Type or Print) <u>WILBUR</u>			a. (First) <u>A.</u>		b. (Middle) <u>DIETRICH</u>		c. (Last) <u>DIETRICH</u>		
4. DATE OF DEATH		(Month) <u>Aug.</u>		(Day) <u>4</u>		(Year) <u>1957</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 21, 1911</u>			
9. AGE (In years last birthday) <u>45</u>		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) <u>Office Mgr.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Engineering Co.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Anton Dietrich</u>		13b. MOTHER'S MAIDEN NAME <u>Alvina Friedrich</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Dietrich</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>493 03 4574</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Dietrich</u>			ADDRESS <u>5720 Gaylord Dr.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic heart disease</u>						? <u>30 yrs.</u>	
		DUE TO (c) <u>-</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>-</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>Sept 1949</u> , 19 <u>49</u> , to <u>July</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>July 19</u> , 19 <u>57</u> , and that death occurred at <u>8:30 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Anthony V. Bemucosa MD</u>				(Degree or title)		23b. ADDRESS <u>3731 Goodfellow Blvd</u>		23c. DATE SIGNED <u>8-5-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/7/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-7-57</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donohue M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Buchholz Mortuary</u> ADDRESS <u>5967 W. Florissant Ave.</u>					

**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 *W. J. Buchholz*.....  
Licensed Embalmer No. *455*

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.