

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014890

STATE FILE NUMBER
2-3365

Health,
Welfare
Public
Service

FILED APR 20 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

05
300
1-57
371
0

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		c. CITY OR TOWN St Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Booth Hosp.		d. STREET ADDRESS (If outside, give location) 1829 Oregon	
Length of stay in lb 90 minutes		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Frank Middle Peter Last Dietz			4. DATE OF DEATH Month April Day 3 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr 3 1959	9. AGE (In years last birthday) 1 MONTHS 30 DAYS	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours 1 Min. 30
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) St Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Dietz	13b. MOTHER'S MAIDEN NAME Betty Jean Novakov	14. NAME OF HUSBAND OR WIFE -
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. -	17. INFORMANT George C Dietz	Address 1829 Oregon St Louis Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature birth (5 months infant)		INTERVAL BETWEEN ONSET AND DEATH 40 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 776X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Waterloo	COUNTY Illinois	STATE
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21. I attended the deceased from Death occurred at April 3, 1959 4:15 P.M. to April 3, 1959 and last saw him alive on Apr. 3, 1959 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo A Leib MD (Degree or title)	22b. ADDRESS 2323 Lafayette, St. Louis, 4,	22c. DATE SIGNED 4-4-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr 4, 1959	23c. NAME OF CEMETERY OR CREMATORY St Peter & Paul	23d. LOCATION (City, town, or county) (State) Waterloo Illinois
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24. FUNERAL DIRECTOR Emil Quenhen	ADDRESS Waterloo, ILL	25. DATE RECD. BY LOCAL REG. APR 4 '59	26. REGISTRAR'S SIGNATURE Leon Smith, M.D.
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Doctor, coroner, etc., must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

NOT EMBAL

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 *Frank Prokop*

Licensed Embalmer No. *4356*
P. O. Address *St. Louis, Mo.*

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.