URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-008125

FILED VS MAR 11 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2443 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 84 Yrs

c. CITY OR TOWN Saint Louis, Missouri — Inside Limits Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis State — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 2628 S. 13th Street — Reside on Farm Yes [X] No [ ]

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

4. DATE OF DEATH Month February Day 29, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH 11/15/75

9. AGE (last birthday) 84

IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Andrew Dietz

13b. MOTHER'S MAIDEN NAME Caroline Troll

14. NAME OF HUSBAND OR WIFE

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. None

17. INFORMANT George Dietz Address #1 River Bluff Pl

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bilateral confluent bronchopneumonia with abscesses

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 491x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute right pulmonary embolism Recent thrombosis of left femoral vein. Generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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 May 22, 1953, to Feb. 29, 1960 and last saw her/him alive on Feb. 29, 1960

Death occurred at 2:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. Hofstatter M.D.

22b. ADDRESS 5400 Arsenal St.

22c. DATE SIGNED 3/1/60

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

23b. DATE 3-2-1960

23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park

23d. LOCATION (City, town, or county) (State) 10160 Gravois Road Mo

24. FUNERAL DIRECTOR Zigenhein Bros. ADDRESS 6409 Gravois Ave

25. DATE RECD. BY LOCAL REG. MAR 2 1960

26. REGISTRAR'S SIGNATURE Karl Smith M.D. M.I.B.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4375

P. O. Address _____

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