

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

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED JUL 28 1948 318**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

24217

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6314**

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Marian Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3706 Nebraska  
24 (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Bernard F. Dietz

3. (b) If veteran, name war --- 3. (c) Social Security No. 489-05-0416A

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Antoinette 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug. 2 1878  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>69</u>	<u>11</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry Dietz

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Antoinette Dietz  
(b) Address 3706 Nebraska Ave.

17. (a) Burial (b) Date thereof 7-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O. SS Peter & Paul Cem.

18. (a) Signature of funeral director Wacker-Walden  
(b) Address 3634 Grayois Ave.

19. (a) JUL 16 1948 (b) J. F. Bredack  
(Date received local health officer) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 14  
year 1948 hour 9 minute 06 P. M.

21. I hereby certify that I attended the deceased from July 9 1948 to July 14 1948  
that I last saw him alive on July 14 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 3 yrs

Due to \_\_\_\_\_  
Due to 95%

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
3 yrs

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature Oliver A. Jones (M. D. or other) MD  
Address 5616 So. Broadway Date signed 7-16-48

*[Handwritten mark]*

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Helmut J. Krupin*  
Licensed Embalmer No. *3497*  
P. O. Address *3634 Grannis*

**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 this body is not embalmed, fact should be so stated above.**