

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

16692

Do not use this space.

791
1003

4226

1. PLACE OF DEATH **REC'D JUN 12 1939**

(a) County..... / Registration District No.....

(b) Township..... Primary Registration District No.....

(c) City..... **St. Louis,** / (d) Street No..... **St. Anthony Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **362- Barbara Diedrich**

(a) Residence, No. **2816 WENDEL AV.** St. **24** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry M. Diedrich				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1863				
7. AGE	YEARS 76	MONTHS --	DAYS 4	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN)..... St. Louis, (STATE OR COUNTRY)..... Mo.				
FATHER	13. NAME Joseph Krieger			
	14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)..... Germany.			
MOTHER	15. MAIDEN NAME Dorothy Lechner			
	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)..... Germany.			
17. INFORMANT Harry M. Diedrich (ADDRESS) 2816 Salena St.				
18. BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cem. DATE May 8, 1939.				
19. FUNERAL DIRECTOR (NAME) J. H. Gebken, Jr. & Co. (ADDRESS) 2842 Meramec St.				
20. FILED MAY 6 1939				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 4, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **April 30, 1939** to **May 4, 1939**
I last saw **her** alive on **May 4, 1939**. Death is said to have occurred on the date stated above, at **4:30 A.M.**
The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas ?

Other contributory causes of importance: **Acute Peritonitis** 2 day.

Name of operation..... **none** Date of.....

What test confirmed diagnosis? **Autopsy**. Was there an autopsy? **Yes**

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....
(Signed) **Edwin C. Koller**..... M. D.
(Address) **2603 Cherokee St.**

Dr. R. J. ...
2603 A Cherokee

15 1932

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 Herman A. Gubken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St.
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 this body is not embalmed, above space should be left blank.