

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

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.

REGISTRATION DISTRICT NO. **791**
1003

Primary Registration District No. _____

Registrar's No. **7590**

1. PLACE OF DEATH: **1**

(a) County _____

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

(c) Name of hospital or institution: **Mo. Pacific Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **1**

(c) City or town **St. Louis** **14**
(If outside city or town limits, write "RURAL")

(d) Street No. **5544 Lansdowne Ave.**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Albert P. Diehl 400**

3. (b) If veteran, name war _____

3. (c) Social Security No. **702-12-6793**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **31**
year **1939** hour **9** minute **55** M.

21. I hereby certify that I attended the deceased from **Aug 26**, 19**39**, to **Aug 31**, 19**39**;
that I last saw him alive on **Aug 31, 1939** and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anna M. Diehl**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased: **Sept. 25 1883**
(Month) (Day) (Year)

Immediate cause of death: **Hypostatic pneumonia** Duration **3 days**

Due to: **Carcinoma of sigmoid colon** **2 mo.**

8. AGE: Years **55** Months **11** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Milstadt Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Locomotive Engineer**

11. Industry or business **No. Pacific R.R.**

MOTHER FATHER

12. Name **Peter Diehl**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Rodemich**
(City, town, or county) (State or foreign country)

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

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **Carcinoma of sigmoid colon**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature **Anna M. Diehl**

(b) Address **5544 Lansdowne Ave.**

17. (a) **Burial** (b) Date thereof **9-4-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Kriegshauser Mortuar**

(b) Address **4223 So. Kingshighway**

19. (a) **SEP 1 1939** (b) **J. F. Beck**
(Date received local registrar) (Signature)

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? _____

(Specify type of place) _____

(e) Means of injury: _____

23. Signature **Klean Thompson** (M. D. _____)

Address **Missouri Pacific Hosp.** Date signed **8/31/39**

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.....

Edwin M. Bennett

Licensed Embalmer No.....

3024

P. O. Address.....

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.