

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

13333  
State File No. 3535

MAY 15 1940 791

Registration District No. Primary Registration District No. Registrar's No.

**1. PLACE OF DEATH:**

(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:  
City 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)

8. (a) PRINT FULL NAME Jacob Diehl 101  
 (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 361-09-8637

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
 6. (b) Name of husband or wife Flora Diehl 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased December 31 1940/87  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>3</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Carpenter

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

MOTHER FATHER { 12. Name Louis Diehl 0  
 18. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Killian  
 15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Diehl  
 (b) Address 3104 Keokuk

17. (a) Burial (b) Date thereof 4-20-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Schumacher Und Co  
 (b) Address 3013 Meramec

19. (a) APR 18 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's Signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis 24  
(If outside city or town limits write "RURAL")  
 (d) Street No. 3104 Keokuk  
(If rural, give location)  
 (e) ~~Place of birth, new birth, or death~~ \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 17  
 year 1940 hour 2.30 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Sepsis (Staphylococcus Aureus)  
 Due to Abcess of Kidney

Due to \_\_\_\_\_

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

Major findings:  
 Of operations \_\_\_\_\_ 1330  
 Of autopsy \_\_\_\_\_

**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)  
 (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other)  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

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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.....

*Gerald P. Chisholm*  
working under my personal supervision.

....., Registered Apprentice No. ....

Signed *Gerald P. Chisholm*  
.....  
Licensed Embalmer No. 2906

P. O. Address 3013

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.