

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29675
Registrar's No. 1473

Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7708 WISE AVE. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 55 YEARS
years, months or days)

3. (a) PRINT FULL NAME ELLEN DIESTELKAMP 234

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife JOHN DIESTELKAMP 6. (c) Age of husband or wife if alive 1865 years

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years 75 Months UNKNOWN Days _____ If less than one day _____ hr. _____ min.

9. Birthplace IRELAND (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name DENNIS MAHONEY

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

14. Maiden name _____

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

16. (a) Informant JOHN DIESTELKAMP
(b) Address 7708 WISE AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 6, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 LINCOLN BLVD.

19. AUG 3 - 1940 (Received in Registrar's office) (c) R. Meyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS
(c) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL")
(d) Street No. 7708 WISE AVE.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 3,
year 1940 hour 7 minute 25 M.

21. I hereby certify that I attended the deceased from Jan 1 - 1940
_____ 19____ to Aug 3, 1940;
that I last saw he alive on Aug 31, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration 2 yrs

Due to arteriosclerosis

Due to _____

Other conditions Ch. Nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

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

(a) Accident, suicide, or homicide (specify) No

(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 Wm J. Langan Jr. (M. D. or other) _____
Address 5803 Clymouth av Date signed Aug 2/40

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

66
77
2

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell B

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.