

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34052
Registrar's No. 8749

Registration District No. 791 Primary Registration District No. 1003

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: Josephine Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital
(Specify whether years, months or days) 5 Hours.

8. (a) PRINT FULL NAME Frank Diamond

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-07-1220

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

6. (b) Name of husband or wife Augustine Diamond 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April 6, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>6</u>	<u>16</u>	hr. min.

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

10. Usual occupation Color Matcher

11. Industry or business Writing fluids

12. Name Bernard Diamond

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

14. Maiden name Margaret Moran

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

16. (a) Informant's own signature Augustine Diamond

(b) Address 2820 Henrietta

17. (a) Burial (b) Date thereof 10/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Charles W. Brown

(b) Address 4911 Washington Bl

19. (a) OCT 23 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 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2820 Henrietta St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1940 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from June 5, 1940 to Oct. 22, 1940
that I last saw him alive on Oct. 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death General Toxemia Duration 4 days

Due to Chronic Aplastic Anemia 137 day

Due to Probable Industrial origin

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

Major findings: Of operations Sternal puncture showed this to be an aplastic anemia
Of autopsy None made

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 Thomas Kelly (M. D. or other)

Address 3606 Howard Ave Date signed 10/23/40

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.

MOTHER FATHER

1 visit

ALL NOV 16 1940

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 *Thomas R. Fenwick*.....

Licensed Embalmer No. *3793*.....

P. O. Address *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.