

0464
No. 2
-13-40
-17-39
X23159

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **9124**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Roy M. Diren

3. (b) If veteran, name war World 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive 10 years 1888

7. Birth date of deceased May 10 (Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation Bar-tender

11. Industry or business Retired 1 yr.

12. Name Peter Diern

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

14. Maiden name Josephine Kandi

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lilly Becker
(b) Address 2225 Sidney St.

17. (a) Burial (b) Date thereof Nov. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director J. N. Galtman & Co.
(b) Address 2842 Meramec St.

19. (a) 1940 (b) J. B. Beck
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2225 Sidney St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4,
year 1940 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from October 31, 1940 to November 4, 1940
that I last saw him alive on November 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

Duration
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 R. J. Maxwell (M. D. or other)
Address 1516 Lafayette Avenue, Date signed 11/6/40

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

MOTHER FATHER

Emma Blank, deceased

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.....

Licensed Embalmer No.....

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, fact should be so stated above.