

No. 2  
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17-39  
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9394  
2804

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County ST. LOUIS MO.  
(b) City or town ST. LOUIS MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 WEEKS  
In this community 48 YEARS IN ST. LOUIS  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000  
17  
9  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3817 Texas Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LENA DIEPENBROCK  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 28  
year 1941 hour 10 10 A Minute \_\_\_\_\_ M.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife August Diepenbrock  
6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased June 20 1889  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from FEB 15  
1941 to MARCH 27 1941;  
that I last saw her alive on MARCH 27 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
51 9 8 hr. \_\_\_\_\_ min.

Immediate cause of death  
MYOCARDIAL FAILURE  
HEMORRHAGE

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

Due to GENERAL CARCINOMATOSIS  
Due to ADENO-CARCINOMA  
UTERUS

10. Usual occupation Housewife  
11. Industry or business At Home

Other conditions (Include pregnancy within 3 months of death)  
None

MOTHER FATHER  
12. Name George Hasselbach  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations INOPERABLE CANCER  
OF PELVIC ORGANS  
Of autopsy \_\_\_\_\_

16. (a) Informant August Diepenbrock  
(b) Address 3817 Texas Ave.  
17. (a) Burial (b) Date thereof Mar. 31/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?  
\_\_\_\_\_

(c) Place: burial or cremation New Picker  
18. (a) Signature of funeral director Thos Rutes & Son  
(b) Address 2906 Gravois Ave.  
19. (a) MAR 30 1941 (b) J. M. Zedek  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature S. H. Trauer (M. D. or other) MD  
Address 4257 Maryland Date signed 3/28/41

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

**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.....

*Leo Budde*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
*Leo Budde*

Licensed Embalmer No. *3989*

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, fact should be so stated above.**