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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 13 1942
678

Registration District No. _____

Primary Registration District No. 5902

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rural Milton Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps

(c) City or town St James Mo Rural
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Louise A. Diestelkamp

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / race white

5. Color or _____

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Walter Diestelkamp

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased 1 26 - 1859
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 1
year 1942 hour 10 30 minute P M.

21. I hereby certify that I attended the deceased from June 22, 1942, to June 23, 1942
that I last saw her alive on June 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chlamydia hepatitis
Duration 3 years

8. AGE: Years 83 Months 5 Days 5
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions Fracture of upper 1/3 of femur
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation house wife

11. Industry or business _____

12. Name Arthur Rehneyer

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Louise Mohr

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Diestelkamp

(b) Address St James Mo

17. (a) Burial (b) Date thereof 2-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Gate Mo

18. (a) Signature of funeral director W. E. Kneibler

(b) Address St James Mo

19. (a) 7/7/42 (b) Chancie Dickson
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) 181

(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: C. V. Hamman (M. D. or other) _____

Address St James, Mo Date signed July 11 1942

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

81
0
0

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: W. H. Ricklider

Licensed Embalmer No. 1970

P. O. Address St James 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25014

Registration District No. 678

Primary Registration District No. 5902

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis A Diestelkamp
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day _____
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
_____ 19____
_____ 19____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 26 1860
(Month) (Day) (Year)

that I last saw him _____ live on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic nephritis duration 3 yrs

8. AGE: Years 83 Months 5 Days _____
(If less than one day _____ min.)

Due to _____
Due to _____
Other conditions Fracture of upper 1/3 of right femur 10 days
(Include pregnancy within 3 months of death)

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

PHYSICIAN
Major findings: _____
Of operations 1860
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____
11. Industry of business _____

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accidental Fall
(b) Date of occurrence June 21, 1942
(c) Where did injury occur? St. James, Phelps, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In the Home
While at work? yes (Specify type of place) (e) Means of injury Slipped

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature C. J. ... (M. D. _____)
Address St. James, Mo. Date signed 9.1.42

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

SUPPLEMENTARY

1957 28 1957