S. No. 2
M—2-43
5-17-39
I X3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32499

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 2039

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution: 385 Kingston Drive (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 Missouri (b) County St. Louis, 96

(c) City or town Lemay (If outside city or town limits, write "RURAL")

(d) Street No. 385 Kingston Drive (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JOHN N. DIEMERT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Jennie

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

7. Birth date of deceased Jan. (Month) 28. (Day) 1866 (Year)

8. AGE: Years 77 Months 7 Days 11 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant John J. Diemert

(b) Address 385 Kingston Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) SEP 10 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature) 7.5.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th year 1943 hour 1 minute 15 A M.

21. I hereby certify that I attended the deceased from Sept 1, 1943 to Sept 8, 1943 that I last saw him alive on Sept 8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis +	1 yr
Arteriosclerosis	1 yr
Due to ~~Myocarditis + Arteriosclerosis~~	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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) Fracture Femur

(b) Date of occurrence Due to fall at home

(c) Where did injury occur? 096 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 9

23. Signature [signature] (M. D. or other)

Address 3318 So Grand Date signed 9-10-43

707

(Licensed Embalmer's Statement on Reverse Side)

SEP 20 1945

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 V E Morris

Licensed Embalmer No. 3360

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.

S. No. 2B
DM—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay (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 Mo. (b) County St. Louis

(c) City or town Lemay (If outside city or town limits, write "RURAL")

(d) Street No. 385 Kingston Drive (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME John D. Diemert

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Jan. (Month) 28- (Day) 1860 (Year)

8. AGE: Years 77 Months 7 Days 15 If less than one day ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

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

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

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

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 1 year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... , 19..... to ..... , 19.....; that I last saw h..... alive on ..... , 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocarditis	1 yr.
arteriosclerosis	1 yr.
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	

1860
18

Major findings:
Of operations none
Of autopsy none

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) Fall

(b) Date of occurrence .....

(c) Where did injury occur? St. Louis (City or town) Mo (County) King Am (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? no (e) Means of injury .....

23. Signature W. A. Schneider (M. D. or other) MD

Address 3318 S Grand Date signed 10-5-43

32499