

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 22 1943

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39704  
Registrar's No. 10980

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS  
(c) Name of hospital or institution: PARK LANE HOSP.  
(d) Length of stay: In hospital or institution 6 DAY  
In this community 6 DAY

3. (a) PRINT FULL NAME CHARLES DIEDRICH  
3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife DIEDRICH 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased DECEMBER 16 1860

8. AGE: Years 82 Months 11 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation CARPENTER

11. Industry or business \_\_\_\_\_

12. Name CARL DIEDRICH

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

14. Maiden name AMALIE SCHATTNER

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

16. (a) Informant Arthur P. Diedrich

(b) Address 8319 Halle Perry Rd.

17. (a) BURIAL (b) Date thereof DEC. 13-1943

(c) Place: burial or cremation CONCORDIA CEM.

18. (a) Signature of funeral director Diedrich F. Hany

(b) Address 8319 Halle Perry Rd.

19. (a) DEC 12 1943 (b) J. S. Dredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town PROSPECT HILL MO.  
(d) Street No. 591 SCRANTON AVE.  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DEC. day 9 year 1943 hour 4 minute 0 M.  
21. I hereby certify that I attended the deceased from 12-1-43 to 12-9-43

that I last saw him alive on 12-9-43 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Distention Duration 18 hrs.

Due to Lobar Pneumonia and Parenchymatous Nephritis 7 days

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1/68

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_ 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 W. A. ... (M. D. or other) \_\_\_\_\_

Address 8201 N. Broadway Date signed 12-11-43

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

MOTHER FATHER

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:

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 3875

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.