

FILED FEB 7 1945
318

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether 0)
In this community _____
years, months or days

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. 4121 Wilmington Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Caroline Spaeter Diehl

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 16 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 8 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John Beil

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

14. Maiden name Unknown

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

16. (a) Informant George Spaeter

(b) Address 4121 Wilmington Ave

17. (a) Burial (b) Date thereof January 27 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (e) Signature of funeral director Ziegenhein Brothers

(b) Address 6409 Gravois Ave

19. (a) JAN 26 1945 (Date received local registrar) J. J. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24th day January year 1945 hour 11:05 minute P. M.

21. I hereby certify that I attended the deceased from Jan 23 1945, to Jan 24 1945; that I last saw her alive on Jan 24 1945 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to generalized arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/3

Major findings: Of operations _____

Of autopsy _____

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 A. J. Merklin M.D. (M. D. or other)

Address 3507 Potomac Date signed 1-25-45

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

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

see 117 9

No Embalmer
3507 Palomar St
April 6 PM

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 Homer W Fritz
Licensed Embalmer No. 3882

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.