. S. No. 2
OM—5-42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18054

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1037

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1200 Belrue Ave.,
*(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 96
(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1200 Belrue Ave., 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward J. Diehl

3. (b) If veteran, name war No

3. (c) Social Security No. 493-03-6932

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Katherine Diehl

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 11, 1879. (Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 15 If less than one day hr. min.

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

10. Usual occupation Machine operator

11. Industry or business

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

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

16. (a) Informant Mrs Katherine Diehl
(b) Address 1200 Belrue Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30/45. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) MAY 2 1945 (Date received local registrar) (b) E. C. McCauran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1945 hour 11.00 minute P.M.M.

21. I hereby certify that I attended the deceased from Year 1940 ---------- 19 , to April 26th--- 19 45 that I last saw him alive on April 26th-1945. 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Endo-Carditis ? Chr-Myo-Carditis Chr- Valvitis, Aortic-Mitral Luetic — Duration 5 Yrs

Due to Jacksonian Epilepsy
Sec: Died in Epilepic-Seizure
Due to Second attack in about 2 hours.

Other conditions 30e
(Include pregnancy within 3 months of death)

Major findings:
Of operations No.
Of autopsy No.

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) Illness.
(b) Date of occurrence None.
(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? (Specify type of place)
While at work? Home (e) Means of injury Illness

23. Signature Luke B. Tiemann M.D. (M. D. or other)
Address 3718 Jennings Rd Date signed 4/27/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. L.B.Tiernon,
3718 Jennings Road
EV.1968.

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

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.