No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3062

FILED FEB 7 1946

State File No.

Registration District No. 16

Primary Registration District No. 5594

Registrar's No. 1

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

100500

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural Meramec Tw

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

(c) Name of hospital or institution: Owen Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 25 Years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson 50

(c) City or town Rural (Meramec Township.)

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

(d) Street No. Near Bymesville Mo

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louis C. Diehl

3. (b) If veteran, name war None

3. (c) Social Security No. 498-05-9140

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Emma Burkart

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept. - 15 - 1882 (Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Own farm

FATHER
12. Name John Diehl
13. Birthplace High Ridge (City, town, or county) Mo (State or foreign country)

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

16. (a) Informant Harley L. Diehl

(b) Address Hillsboro RFD-2 Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-45 (Month) (Day) (Year)

(c) Place: burial or cremation St Pauls Cem. Fenton Mo

18. (a) Signature of funeral director John H. Brummer

(b) Address House Springs Mo

19. (a) Jan 3, 1946 (Date received local registrar) (b) Mrs J. G. Huekelo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25th year 1945 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from Jany 1945 to Dec 25th 1945 that I last saw him alive on Dec 24th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Arterio Sclerosis

Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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? —

(Specify type of place)

While at work? — (e) Means of injury —

23. Signature T. B. Edwards (M. D. ~~or other~~)

Address Cedar Hill Mo Date signed 12/28/45

144

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 2-5-46

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 John H. Brimmer

Licensed Embalmer No. 1470

P. O. Address House Springs, 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.