

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10731

State File No. _____
Registrar's No. 647

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis, County
(b) City or town Jefferson Barracks, Mo
(c) Name of hospital or institution: Veterans Hospital - 0
(d) Length of stay: In hospital or institution 7 DAYS
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town Highland
(d) Street No. 0
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DIESEN, CHRIST.
3. (b) If veteran, name war W.W.I. 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 17
year 1946. hour 5 minute 30 a.m.
21. I hereby certify that I attended the deceased from Mar. 15, 1946 to 3/17, 1946
that I last saw him alive on 3/17/46
and that death occurred on the date and hour stated above.

4. Sex males 5. Color or race white
6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife Mary Dieson. 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Dec. 4, 1898
(Month) (Day) (Year)

Immediate cause of death Carcinoma of rectum & metastases.
Due to 46d.
Due to _____

8. AGE: Years Months Days If less than one day
57 3 13 hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace GERMANTOWN, Ill - U.S.A.
10. Usual occupation DAIRY WORKER
11. Industry or business _____

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? _____
(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 Over
23. Signature S. E. Stilwell (M. D. or other) Over
Address 2. A. H. Jefferson Barracks Date signed _____

MOTHER FATHER {
12. Name HERMAN DIESEN
13. Birthplace GERMANY
14. Maiden name CATHERINE GRAYE
15. Birthplace 9
16. (a) Informant Herbert Dieson
(b) Address Highland Ill.
17. (a) Removal (b) Date thereof March 18-46
(c) Place: burial or cremation Highland Ill.
18. (a) Signature of funeral director Herbert Pawland
(b) Address 4355 Washington
19. (a) 3-19-46 (b) Wm. Hanan MD
(Date received local registrar) (Registrar's signature)

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

96
5
1
9843
#8
12
2046

107

(Licensed Embalmer's Statement on Reverse Side)

MAR 25 1948

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 Ronald O. Yalunke

Licensed Embalmer No. 3917

P. O. Address. St. Louis 8 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.