

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 317

Primary Registration District No. 3063

1291

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7400 Oxford Drive.
(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 Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7400 Oxford Drive.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMILIE KOBUSCH DIEDERICH.

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George Diederich, 6. (c) Age of husband or wife if alive Dec'd, years
7. Birth date of deceased September 12, 1863.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82. 9. 1. hr. min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER { 12. Name John Henry Kobusch.
13. Birthplace Biedefeldt, Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Brinker.
15. Birthplace Biedefeldt, Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant George H. Diederich,
(b) Address 7400 Oxford Drive, Clayton, Mo.

17. (a) Entombment. (b) Date thereof 6-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum,

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Boulevard,

19. (a) 6-17-46 (b) J. McDevaney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1946 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from May 14
1946 to June 13th, 1946
that I last saw her alive on June 13th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Arterio Sclerosis
& Uremia

Due to 97
Other conditions
(Include pregnancy within 3 months of death)

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)
Signature Halter's post (M. D. or other)
Address 6635 Delmar Blvd Date signed 6-14-46

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

6
2
3

10 - 1
6635-Apprentice
PH 1724
Dr. N. B. West

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 Clarence H. Murray
Licensed Embalmer No. 4011
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.