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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10741

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3120

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

(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days) In this community 47 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 751 Interdrive (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3. (a) PRINT FULL NAME PHILIP DIAMOND

3. (b) If veteran, name war No

3. (c) Social Security No. (unk)

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ida Diamond

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

7. Birth date of deceased MARCH (Month) 15 (Day) 1880 (Year)

8. AGE: Years 67 Months 0 Days 8 If less than one day hr. min.

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

10. Usual occupation Tailor

11. Industry or business Ladies wear

FATHER 12. Name Peretz Diamond

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

MOTHER 14. Maiden name Dora (unk)

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

16. (a) Informant Leon J. Diamond

(b) Address 7508 Canton Dr

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/25/47 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) MAR 24 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 23 year 47 hour 2 minute 15 p.M.

21. I hereby certify that I attended the deceased from 3-12, 1947, to 3-23, 1947; that I last saw him alive on 3-23, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	15 days approx.
Due to Diabetes Mellitus	
Due to Arteriosclerotic heart disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy None	

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? Means of injury

23. Signature (M. D. or other) Address Barnes Hospital Date signed 3-23-47

(Licensed Embalmer's Statement on Reverse Side)

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. Lewis R. Ludwig

Licensed Embalmer No. 4229

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.