

S. No. 2
M-5-43
v. 5-17-39
I X36571

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13920

State File No. _____
Registrar's No. 951 11

Registration District No. 159 Primary Registration District No. 4249

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Hillsboro
(c) Name of hospital or institution: Cedar Grove Nursing Home
(d) Length of stay: In hospital or institution 1 month
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(d) Street No. 632 Bonita
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Theresa Diets
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19
year 1947 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from March 22, 1947, to _____, 1947;
that I last saw her alive on April 17, 1947;
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Herman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Oct. 4 1865
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis with myocardial degeneration Duration One year
Due to arteriosclerosis of coronary arteries
Due to _____

8. AGE: Years 81 Months 6 Days 15
If less than one day _____ hr. 4 min.

Other conditions Senility, with mental deterioration
(Include pregnancy within 3 months of death)

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

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation housewife
11. Industry or business _____
12. Name Schmidt
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Gerry Mort
(b) Address 632 Bonita W.G.
17. (a) Burial (b) Date thereof 4-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 Thomas A. Donnell (M. D. or other) M.D.
Address Desoto, Missouri Date signed 4-24-47

MAY 20 1947

MAY 7 1947

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 *W. G. Peterson*.....

Licensed Embalmer No. *3767*.....

P. O. Address *7027 Gravois*.....

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.