

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32448**  
Registrar's No. **8510**

Registration District No. **318**

Primary Registration District No. **1003**

17  
9

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

1. PLACE OF DEATH:

(a) County..... St. Louis

(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 Barnes Hospital

In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 96

(c) City or town..... Maplewood Mo.  
(If outside city or town limits, write "RURAL") 5

(d) Street No. 7318 Richmond Pl. 3  
(If rural, give location)

(e) Citizen of foreign country?..... no 1  
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME George Louis Diesel

3. (b) If veteran, name war..... Philippine and World War 1

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: -Month Sept day 7  
year 1947 hour 11 minute 21 a.m.

4. Sex..... male

5. Color or race..... white

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

6. (b) Name of husband or wife..... Edith

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

7. Birth date of deceased..... Feb. 12, 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 29, 1947, to Sept. 7, 1947  
that I last saw him alive on September 7, 1947  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>6</u>	<u>25</u>	..... hr. .... min.

Immediate cause of death..... Cardiac failure

Due to..... Arteriosclerotic heart disease

Due to.....

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

10. Usual occupation..... Retired Railway Mail Clerk

11. Industry or business.....

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

PHYSICIAN.....

MOTHER FATHER

12. Name..... John Diesel

13. Birthplace..... Millstadt Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name..... Louise Dora

15. Birthplace..... Nauvoo Ill.  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations.....

Of autopsy..... As above

16. (a) Informant..... Ruth Diesel

(b) Address..... 4525 Lindell Blvd.

17. (a) burial (b) Date thereof..... Sept. 9, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Potosi Mo. Cem.

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.....

18. (a) Signature of funeral director..... Jay B. Smith

(b) Address..... 7456 Manchester Ave.

19. (a) SEP 8 1947 (b) J. F. Bruleck  
(Date received local registrar) (Registrar's signature)

23. Signature..... J. F. Bruleck (M. D. or other)

Address..... Barnes Hospital Date signed 9-7-47

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 \_\_\_\_\_

*H. P. Burgess*

Licensed Embalmer No. 4029

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.