S. No. 2
T—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10102

FILED MAR 25 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2700

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: Mo Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 weeks (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 5123 Maffitt Ave (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: George J. Diepenbrock

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Late Florence Diepenbrink

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

7. Birth date of deceased: October (Month) 22 (Day) 1876 (Year)

8. AGE: Years 71 | Months 4 | Days 26 | If less than one day: hr. min.

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

10. Usual occupation: Collector

11. Industry or business: Newspaper

FATHER
12. Name: William Diepenbrock
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Dr Harold C. Diepenbrock
(b) Address: 4028 Cora Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 20 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Cemetery

18. (a) Signature of funeral director: Calvin F Feutz
(b) Address: 4828 Nat Bridge Blvd

19. (a) MAR 18 1948 (Date received local registrar) (b) H. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1948 hour 6 a. minute 45 A. M.

21. I hereby certify that I attended the deceased from 2-4, 1948 to Mar-18, 1948; that I last saw alive on 3-17-48, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Adeno Carcinoma of Prostate

Due to:

Due to:

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

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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? (e) Means of injury

23. Signature: L. L. Leeth (M. D. or other)

Address: 2570 S. Philips Springfield 37648

Jefferson City Printing Co.

(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 John A Mlinar

Licensed Embalmer No. 4186

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.