M=10-47
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I 3906

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

National Office of Vital Statistics

FILED NOV 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34967

Registration District No. 577

Primary Registration District No. 3065

Registrar's No. 2514

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7516 Clayton Road
(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 96

(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")

(d) Street No. 7516 Clayton Road 3
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Christina Reindel Diedrich

3. (b) If veteran, name war .....

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

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Fred C. Diedrich

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

7. Birth date of deceased 3/24 About 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
About 69	7	5	..... hr. ..... min.

9. Birthplace Augsburg (City, town, or county) Germany 14 (State or foreign country)

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name ? Reindel
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. A. H. Siebert

(b) Address 4729 Morganford Road

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 11/1/48 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Robert J. Ambruster Inc

(b) Address 6633 Clayton Road

19. (a) 11-1-48 (Date received local registrar) (b) Cecil A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th, year 1948 hour 7 minute P M.

21. I hereby certify that I attended the deceased from September 9, 1937, to 10/29/48, 19..; that I last saw her alive on 10/28/48, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis c thrombosis	3 mo.
Due to 94	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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? ..... (e) Means of injury .....

23. Signature Wm S Becke (M. D. or other)

Address 3720 Washington Ave Date signed 10/30/48

(Licensed Embalmer's Statement on Reverse Side)

Dr Reeke
12 noon
3720 Washington

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 Ernest W Spillard

Licensed Embalmer No. 4080

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.