

No. 300
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N.R.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6096

FILED FEB 23 1949

State File No.

318

1003

Registrar's No. 1242

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No. 1242			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY St. Louis 91	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural					
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital U				d. STREET ADDRESS (If rural, give location) Clayton & Spode Roads. 1					
3. NAME OF DECEASED a. (First) HENRY			b. (Middle) -----		c. (Last) DEIM.		4. DATE OF DEATH (Month) (Day) (Year) 2 7 1949		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married U		8. DATE OF BIRTH May 15 1881		9. AGE (In years last birthday) 67 F UNDER 1 YEAR 7 F UNDER 1 MONTH 22 F UNDER 1 HOUR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Shipping Clerk		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Herman Diem			13b. MOTHER'S MAIDEN NAME Anna Heep			14. NAME OF HUSBAND OR WIFE Catherine Spathelf Diem			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 492-07-6162		17. INFORMANT'S SIGNATURE OR NAME Catherine S. Diem - Clayton & Spode Rd.				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Edema MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Failure - severe DUE TO (c) Hypertensive Cardiovascular Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 24 hrs 3 wks 8 yrs ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION U427						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Feb. 5, 1949, to Feb. 7, 1949, that I last saw the deceased alive on Feb. 7, 1949, and that death occurred at 8:00P.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Clarence E. Mueller M. D.				23b. ADDRESS 635 N. Grand Blvd.		23c. DATE SIGNED 2-8-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE February 10/49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 8 1949 J. B. Rasater		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd; U.C. Mo.		ADDRESS					

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Clarence H. Murray

Signed _____
Student Embalmer

Licensed Embalmer No. 4011

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.