

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17201**
Registrar's No. **4160**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

15

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 17201		Registrar's No. 4160			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		d. STREET ADDRESS (If rural, give location) 4126a Minnesota Ave.					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4126a Minnesota Ave.				d. STREET ADDRESS (If rural, give location) 4126a Minnesota Ave.							
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) _____			c. (Last) Diel			4. DATE OF DEATH (Month) (Day) (Year) May 8 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 13, 1860		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 89			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Preisinger			13b. MOTHER'S MAIDEN NAME Margaret Weidinger			14. NAME OF HUSBAND OR WIFE Julius Diel					
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Margaret Nonnenkamp 4126a Minnesota						
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		MEDICAL CERTIFICATION Antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Senility DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 93						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? Heart						
22. I hereby certify that I attended the deceased from Jan 1, 1949 to May 8, 1949 , that I last saw the deceased alive on May 8, 1949 , and that death occurred at 10:00a m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Dr. P. L. ...				23b. ADDRESS 4065 50 Grand			23c. DATE SIGNED 6-49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 11, 1949		24c. NAME OF CEMETERY OR CREMATORY Galvany Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.					
DATE REC'D BY LOCAL REG. MAY 9 1949		REGISTRAR'S SIGNATURE J. B. Lavater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St.						

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Joe S. Benz
4249

Signed _____
Student Embalmer

Licensed Embalmer No. _____

2842 Meramec St.

P. O. Address St. Louis, 18, Missouri

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.