

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2722

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 0043

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0043	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision) a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. LENGTH OF STAY (In this place township) 72 yrs		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 10 4112 1/2 Pleasant St.			
3. NAME OF DECEASED (Type or Print) JULIUS		a. (First)		b. (Middle)		c. (Last) DIEKHONER	
4. DATE OF DEATH JAN. 2, 1952		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH DEC. 13 1879		9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.	
12. CITIZEN OF WHAT COUNTRY? U		13a. FATHER'S NAME HENRY DIEKHONER		13b. MOTHER'S MAIDEN NAME MARY FEHRING		14. NAME OF HUSBAND OR WIFE KITTY MILHEIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MELBA DIEMUNSCH 6268 KINSEY PL.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Benign Prostatic Hypertrophy</u> <u>and Post operative Transurethral prostaticectomy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6/0 X					
22. I hereby certify that I attended the deceased from <u>10-18-51</u> , 19 <u>51</u> , to <u>1-2-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-2-52</u> , 19 <u>52</u> , and that death occurred at <u>8:50A m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Typed or title) Donald Gerry M.D.				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 1-2-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/8/52		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.	
DATE REC'D BY LOCAL JAN 3 1952		REGISTRAR'S SIGNATURE Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F. H. L.C. 1936 ST. LOUIS AVE			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....
Delis J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.