

FILED JUL 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21914**
Registrar's No. **5545**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4961 Oleatha Ave.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burlington	
		d. STREET ADDRESS (If rural, give location) 720 Louisa St.	

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) _____ c. (Last) Diehl			4. DATE OF DEATH (Month) (Day) (Year) June 14, 1952.		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug. 16, 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Burlington, Iowa.	
12. CITIZEN OF WHAT COUNTRY? _____					

13a. FATHER'S NAME John Diehl	13b. MOTHER'S MAIDEN NAME Hannah Hunger	14. NAME OF HUSBAND OR WIFE _____
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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. unknown	17. INFORMANT'S SIGNATURE OR NAME Mr. Victor Krafft	ADDRESS 4961 Oleatha Ave.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting Aortic Aneurysm		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterial Hypertension		
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"/>
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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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 444X

22. I hereby certify that I attended the deceased from 6-13, 1952, to 6-14, 1952, that I last saw the deceased alive on 6-13, 1952, and that death occurred at 7A m., from the causes and on the date stated above.

23a. SIGNATURE B. J. M. = Grimm M.D. (Degree or title)	23b. ADDRESS 16 Huxton Ridge Rd.	23c. DATE SIGNED 6/14/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-14-52.	24c. NAME OF CEMETERY OR CREMATORY Aspen Grove Cemetery	24d. LOCATION (City, town, or county) (State) Burlington, Iowa.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 16 1952 J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.	ADDRESS 2161 E. Fair Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Student Embalmer No.

Signed.....

Glen W. Hag

Licensed Embalmer No.

3737

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.