

FILED JAN 17 1955

STANDARD CERTIFICATE OF DEATH

State File No. 42994  
Registrar's No. 22823

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLAYTON</b>		c. LENGTH OF STAY (in this place) <b>1 WEEK</b>		c. CITY OR TOWN <b>OVERLAND</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST LOUIS CO HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>2321 DAWES</b>			

3. NAME OF DECEASED (Type or Print) <b>Frederick EDWARD Diederich</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-7-54</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>2-14-1884</b>	9. AGE (In years last birthday) <b>70</b>	10. IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FESCO ROYALTY</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST LOUIS MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>WILLIAM DIEDERICH</b>		13b. MOTHER'S MAIDEN NAME <b>SCONETTE SORG</b>	
14. NAME OF HUSBAND OR WIFE <b>LOUISE J DIEDERICH</b>		15. IF WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			
16. SOCIAL SECURITY NO. <b>493-07-7835</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>LOUISE DIEDERICH 2321 DAWES OVERLAND MO</b>			

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b>			INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			_____	
DUE TO (c) _____		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) <b>151X</b>		
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?		

22. I hereby certify that I attended the deceased from **11-29-54**, 19**54**, to **12-7**, 19**54**, that I last saw the deceased alive on **12-7**, 19**54**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert W. Lahn M.D.</b>	23b. ADDRESS <b>601 So Brentwood</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>12-9-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST MARCUS</b>	24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>12/9/54</b>	REGISTRAR'S SIGNATURE <b>Robert W. Lahn</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter H. Schellman Crestant #90</b>
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(Licensed Embalmers' Statement on Reverse Side)

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..

Student.....  
Signature of Student Embalmer

Signed.....  
*Earl J. Hellesman*

Licensed Embalmer No. *350*

P. O. Address *Creland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.