

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6102

FILED MAR 10 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1523**

| | | | | | |
|--|--|--|--|-----------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.) | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN Florissant | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian, Hospital | | STREET ADDRESS (If rural, give location) 120 St. Nicholas Lane | | | |

| | | | | | |
|-------------------------------------|-------------|-------------------------|---------------------|------------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Ferdinand | b. (Middle) | c. (Last) Diebal | (Month) Feb. | (Day) 17, | (Year) 1955 |

| | | | | | | | | |
|--------------------|-------------------------------|---|-------------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 6, 1871 | 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|---|-------------------------------------|---|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and State or Foreign Country) Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Frank Diebal | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Sophie Diebal |
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|--|-------------------------------------|---|--------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | 16. SOCIAL SECURITY NO. Nil. | 17. INFORMANT'S SIGNATURE OR NAME Florence Petty | ADDRESS 120 St. Nicholas Lane |
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|--|--|--|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION / Florissant, MO. | | INTERVAL BETWEEN ONSET AND DEATH 3 years |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial Nephritis | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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 checked="" type="checkbox"/> NO <input 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR 593X |
|--|--|---------------------------------------|

22. I hereby certify that I attended the deceased from **5 Jan**, 19**55**, to **17 Feb**, 19**55**, that I last saw the deceased alive on **16 Feb**, 19**55**, and that death occurred at **5:15 pm.**, from the causes and on the date stated above.

| | | | |
|---|-------------------|---|-----------------------------------|
| 23a. SIGNATURE Marion D. Bishop MD | (Degree or title) | 23b. ADDRESS 757 St. Francis Florissant MO | 23c. DATE SIGNED 17 Feb 55 |
|---|-------------------|---|-----------------------------------|

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|--|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 2-17-55 | 24c. NAME OF CEMETERY OR CREMATORY Swiss Cemetery | 24d. LOCATION (City, town, or county) (State) Swiss, Missouri |
|--|--------------------------|--|--|

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| DATE REC'D BY LOCAL REG. FEB 17 1955 | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe | ADDRESS 4700 Washington. |
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(Licensed Embalmer's Statement on Reverse Side)

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

2018

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 *G. W. Wilkinson*

Licensed Embalmer No. *35*

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