

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13256

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

3449

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY			
b. CITY OR TOWN St Louis		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5719 Loran		STREET ADDRESS 5719 Loran		2149			
3. NAME OF DECEASED (Type or Print) May		a. (First) May		b. (Middle)			
		c. (Last) Diehl		4. DATE OF DEATH (Month) (Day) (Year) Apr. 15, 1955			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) married			
8. DATE OF BIRTH July 29, 1896		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days Hours Mins.			
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 (City and State or Foreign Country) Gasconade, Mo.			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ernst Lessel.		13b. MOTHER'S MAIDEN NAME Mary Klee			
14. NAME OF HUSBAND OR WIFE Walter Diehl		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 Walter Diehl		ADDRESS 5719 Loran					
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) Carbonyl Monoxide, self administered by attaching hose to exhaust pipe of car which was then brought through the rear window on left side of car, in garage at rear of house at 5719 Loran Ave., on the 15th of April 1955. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death brought 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 OR SUICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY Apr 15 55 7 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9731			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:50 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Patrick C. Taylor Curator		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4.18.55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/19/55		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery			
24d. LOCATION (City, town, or county) (State) St Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons		ADDRESS 7027 Gravois			
DATE REC'D BY LOCAL REG. APR 18 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 7027 Gravois			

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Ronald E. Benz*.....

Licensed Embalmer No. *486*.....

P. O. Address *7027*.....

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.