

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30754**
Registrar's No. **8220**

FILED OCT 3 - 1955

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PRIMARY REG. DIST. NO. 1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 Days		c. CITY OR TOWN Afton 480		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 Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 6410 Weber Rd.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) E.		c. (Last) Diehl		4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 23, 1874	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 4 HRS. Hours Min.	
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) Jefferson City Mo.	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Wenzel Wallach		13b. MOTHER'S MAIDEN NAME Eleanor Kovarik	
14. NAME OF HUSBAND OR WIFE Henry 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. None	
17. INFORMANT'S SIGNATURE OR NAME Henry Diehl				ADDRESS 6410 Weber Rd.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Pulmonary Embolus, post-operative							
INTERVAL BETWEEN ONSET AND DEATH 3-4 HRS.							
*This does not mean the mode of dying, such as heart failure, ashenia, 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) Fracture, neck of left Femur							
DUE TO (c) Myocarditis with decompensation							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. Senility + Senile dementia							
19a. DATE OF OPERATION 9/16/55		19b. MAJOR FINDINGS OF OPERATION Fracture, neck of left Femur (Q.T.P.P.T.)					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Afton, 480 St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 8 55 a.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell from chair E 902.0.			
22. I hereby certify that I attended the deceased from Sept 9, 1955 , to Sept 16, 1955 , that I last saw the deceased alive on 9/16, 1955 , and that death occurred at 3:10 pm. , from the causes and on the date stated above. 21							
23a. SIGNATURE (Degree or title) Charles G. Obermayer M.D.				23b. ADDRESS 3103 Arsenal St.		23c. DATE SIGNED 9/18/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 20, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Lucid Cemetery		24d. LOCATION (City, town, or county) (State) Sappington Missouri	
DATE REC'D BY LOCAL REG. SEP 19 1955		REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.L. Ziegenhein & Sons 7027 Gravois			

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..... *Donald E. Berry*

Licensed Embalmer No. *7480*

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.