

Health,
& Welfare
Public
Service

XC-1 993 166
CF: St. Louis, Mo.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020509
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1443

FILED JUN 13 1958

1. PLACE OF DEATH
a. COUNTY ST. LOUIS 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits
OR TOWN JEFFERSON BARRACKS, MO. Yes No c. CITY OR TOWN ST. LOUIS Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b d. STREET (If outside, give location) ADDRESS Reside on Farm
36 HOSPITAL OR INSTITUTION VETERANS ADM. HOSP. 6 DAYS 9247 2743A CHIPPEWA Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
HARRY D. DIEHL MAY 28, 1958

5. SEX MALE 0. 6. COLOR OR RACE WHITE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH 9-5-99 9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY?
PLASTERER ST. LOUIS, MISSOURI USA

13a. FATHER'S NAME HENRY DIEHL 13b. MOTHER'S MAIDEN NAME ANNIE HARRISON 14. NAME OF HUSBAND OR WIFE MARIE DIEHL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no, unknown) (If yes, give war or dates of service) YES WWI 16. SOCIAL SECURITY NO. 498189796 17. INFORMANT Address VA HOSPITAL RECORDS, JEFF. BRKS., MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HYPERTENSIVE CARDIOVASCULAR DISEASE
CARDIAC INSUFFICIENCY CLASS IV
GLOMERULONEPHRITIS & PYELONEPHRITIS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)
DUE TO (c) CHRONIC BRONCHITIS 593X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
INTERVAL BETWEEN ONSET AND DEATH 4 MONTHS
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. attended the deceased from 5-22-58 to 5-28-58 Death occurred at 12:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Oppler (Degree or title) 0 22b. ADDRESS VAH, Jefferson Barracks, Mo. 22c. DATE SIGNED 5-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5/31/58 23c. NAME OF CEMETERY OR CREMATORY National Cem. 23d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo

24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd. 25. DATE RECD. BY LOCAL REG. 5-28-58 26. REGISTRAR'S SIGNATURE Herbert R. Danke M.D.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Frank J. Koehler Jr.*

Licensed Embalmer No. *3950*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.