

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011553

FILED VS MAR 21 1960

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 32

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL - MERAMEC Imp. 31 Day</u>	Length of stay in 1b	c. CITY OR TOWN <u>ST. LOUIS</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL INF.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7708 WISE</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>THOMAS</u> Last <u>DIESTELKAMP</u>			4. DATE OF DEATH Month <u>3</u> Day <u>10</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-9-1909</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SALES MANAGER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LIGGETT-MYER'S TOB. CO.</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN DIESTELKAMP</u>	13b. MOTHER'S MAIDEN NAME <u>ELLEN MAHONEY</u>	14. NAME OF HUSBAND OR WIFE <u>ANGELA HUGER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or up/know) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT <u>BRO. LEONARD OSF.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>3 HOURS.</u>
IMMEDIATE CAUSE (a)	<u>CARDIAC DECOMPENSATION</u>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	<u>ARTERIO-SCLEROTIC HYPERTENSIVE CARDIOVASCULAR DISEASE.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>① DUODENAL ULCER ② DIVERTICULOSIS ③ SENILITY.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Jan 2nd 1960 to 3/10/1960 and last saw her alive on 3/3/1960.
Death occurred at 10 AM 3/10/1960 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Peterick C. Hofer MD</u> (Degree or title)	22b. ADDRESS <u>2623 Telegraph Road St Louis</u>	22c. DATE SIGNED <u>3/10/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3/12/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
23d. LOCATION (City, town, or county) <u>St Louis</u>		(State) <u>MO</u>

24. FUNERAL DIRECTOR <u>Arthur J. Donnelly 3848</u> ADDRESS <u>St Louis</u>	25. DATE RECD. BY LOCAL REG. <u>3-12-1960</u>	26. REGISTRAR'S SIGNATURE <u>Foster E. Bauer</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 22 1961

STATEMENT BY LICENSED EMBALMER

MAR 21 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm. S. Salfer

Licensed Embalmer No. 4699

P. O. Address 3840 Lindell St

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.