

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 22 1960

2 4043

=60-016754

STATE FILE NUMBER

INDEXED

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6268 Kinsey Pl.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6268 Kinsey Pl.	
e. STATE Mo.		b. COUNTY			
f. RESIDE ON FARM Yes <input type="checkbox"/> No <input type="checkbox"/>		g. RESIDE ON FARM Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First MELBA Middle M. Last DIEMUNSCH			4. DATE OF DEATH Month April Day 11 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-16-1906	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary-Buick Motor Division		10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Roedel		13b. MOTHER'S MAIDEN NAME Kitty Mulhern		14. NAME OF HUSBAND OR WIFE Jair O. Diemunsch	
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 Address Jair O. Diemunsch 6268 Kinsey Pl.	

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
IMMEDIATE CAUSE (a) cerebro-vascular hemorrhage			1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension	9 years	
	DUE TO (c) Coronary-vascular arteriosclerosis	15 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 443X
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year X	
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

21. I attended the deceased from **2-5-51** to **4-11-60** and last saw her **alive** on **4-11-60**
Death occurred at **10:00 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. R. Smith (Degree or title)	22b. ADDRESS 5203 Chippewa	22c. DATE SIGNED 4-12-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Apr. 14, 1960	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S.Kingshighway Blvd.		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
25. DATE RECD. BY LOCAL REG. APR 12 1960		26. REGISTRAR'S SIGNATURE Roald Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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 R. W. Howard

Licensed Embalmer No. 41007

P. O. Address A. L. Lee

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.