

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048151

FILED VS JAN 16 1961

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3802

STATE FILE NUMBER

INDEXED

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|---|--|--|---|--|--|---|----------------------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY St. Louis | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton | | a. STATE Missouri b. COUNTY | | c. CITY OR TOWN Cuba | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. Louis County Hosp. | | Length of stay in 1b | | d. STREET ADDRESS Route 2 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last IDA K... (also known as Edith) DIENER | | | | 4. DATE OF DEATH Month Day Year December 30, 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 1/18/91 | 9. AGE (last birthday) 69 yrs. | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and state or country) St. Louis Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME James W. McElroy, Sr. | | | 13b. MOTHER'S MAIDEN NAME Katherine Appel | | 14. NAME OF HUSBAND OR WIFE William A. Diener | | |
| 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. 353-10-2495B | | 17. INFORMANT Address Mr. William A. Diener, Rt. 2, Cuba, Mo. | | | |
| 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) Acute pulmonary embolism | | | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 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 checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) Passenger in car involved in auto collision | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year 9:20 AM 12/25/60 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) public road | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE Creve Coeur St. Louis Missouri | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Raymond H. ... Coroner | | | | 22b. ADDRESS Clayton, Mo. | | 22c. DATE SIGNED 1/5/61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 1/3/61 | | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS Beiderwieden F.H.Inc., 1936 St. Louis | | | 25. DATE RECD. BY LOCAL REG. 12-31-60 | | 26. REGISTRAR'S SIGNATURE John B. ... | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 18 1961

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 *[Handwritten Signature]*

Licensed Embalmer No. 4570

P. O. Address *[Handwritten Address]*

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.