

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026741  
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6996

DECEASED LEO AUG 8 1961

1. PLACE OF DEATH a. COUNTY -		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>ST. LOUIS, MO.</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>3150 OHIO AVE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSP. #1</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>CONRAD</u> Middle Last <u>DI EHL</u>	4. DATE OF DEATH Month <u>7</u> Day <u>26</u> Year <u>61</u>
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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>FEB 9 1877</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MAINTENANCE MAN</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U-S-A</u>
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13a. FATHER'S NAME <u>LOUIS DIEHL</u>	13b. MOTHER'S MAIDEN NAME <u>MARY KILLIAN</u>	14. NAME OF HUSBAND OR WIFE <u>MATHILDA DIEHL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	17. INFORMANT Address <u>MATHILDA DIEHL 3150 OHIO AVE</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema - Aspiration of foreign body (food)</u> DUE TO (b) <u>Diabetes Mellitus - PO. Et AK amputat</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>260X</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 checked="" type="checkbox"/> NO <input 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 <u>5:40 PM</u> Month, Day, Year <u>7-19-61</u>	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 <u>7-19-61</u> to <u>7-26-61</u> and last saw her/him alive on <u>7-26-61</u> Death occurred at <u>5:40 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>[Signature]</u>	22b. ADDRESS <u>1515 Lafayette Ave.</u>	22c. DATE SIGNED <u>7-26-61</u>

23a. BURIAL, CREMATION REMOVAL (Specify) <u>CREMATION</u>	23b. DATE <u>JULY 29 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MISSOURI CREMATORY ST. LOUIS MO.</u>	23d. LOCATION (City, town, or county) (State) <u>MO.</u>
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24. FUNERAL DIRECTOR <u>Thomas Kutis 2906 Gravois</u>	25. DATE RECD. BY LOCAL REG. <u>JUL 28 1961</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.  
Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *James C. Hill*  
Licensed Embalmer No. 4347

P. O. Address 2906 Grove

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.