

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Diehl -61-041515

AMENDED

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 115 STATE FILE NUMBER

FILED DEC 1 1961

1. PLACE OF DEATH a. COUNTY Jefferson County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Imperial		c. CITY OR TOWN University City	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Four Oaks Rest Home		d. STREET ADDRESS (If outside, give location) 6815 Bartmer Ave.	
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 DORA Middle E. Last DIEHL	4. DATE OF DEATH Month Nov. Day 20 Year 1961
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-19-1880	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housew crk	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Minnesota	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Leonard Engler	13b. MOTHER'S MAIDEN NAME Clothilda Hageman	14. NAME OF HUSBAND OR WIFE Late Dr. Arnold Diehl
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Ben DeGroat 6815 Bartmer Ave.	Address
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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) <i>Chr. Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerosis</i>	
	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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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 a.m. p.m.	Month, Day, Year <i>November Jefferson Mo</i>
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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 <i>Imperial Mo</i>	COUNTY	STATE
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21. I attended the deceased from *11/14/61* to *11/20/61* and last saw her alive on *11/18/61*
Death occurred at *Imperial Mo* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>R. E. Bauer</i> (Degree or title)	22b. ADDRESS <i>Imperial Mo</i>	22c. DATE SIGNED <i>11/29/61</i> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 22, 1961	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	23d. LOCATION (City, town, or county) St. Louis, Mo.
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24. FUNERAL DIRECTOR Kriegshauser 9450 Olive St. Road	25. DATE RECD. BY LOCAL REG. 11-22-61	26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 1 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 William B. White

Licensed Embalmer No. 4287

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.