

MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

12105-61-046225
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12105**

AMENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If outside, give location) 3121 So. Seventh St.	

3. NAME OF DECEASED (Type or print) Bernice M. Diehl			4. DATE OF DEATH December 24, 1961		
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 10/25/1915	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Famous-Barr Co.		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
13a. FATHER'S NAME Charles F. Hammann		13b. MOTHER'S MAIDEN NAME Anna G. Helde		14. NAME OF HUSBAND OR WIFE Roy J. Diehl	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Roy J. Diehl, 3121 So. Seventh St.
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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) Bronchiogenic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 6 mos
DUE TO (b)		
DUE TO (c) 1621		

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		
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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 a.m. p.m.	Month, Day, Year
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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 COUNTY STATE
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21. I attended the deceased from Nov. / 61 to 12/24/61 and last saw her/him alive on 12/24/61	
Death occurred at 1:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE James C. Ferrell M.D.	(Degree or title)	22b. ADDRESS 634 N. Grand	22c. DATE SIGNED 12/24/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/27/61	23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	23d. LOCATION (City, town, or county) LeMay, Mo.
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24. FUNERAL DIRECTOR Gebken-Benz Mortuary	ADDRESS 2842 Meramec St., St. Louis, 18, Mo.	25. DATE RECD. BY LOCAL REG. DEC 26 1961	26. REGISTRAR'S SIGNATURE Loed Smith, M.D.
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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 me
or by _____ me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____ Joe B. Benz _____

Licensed Embalmer No. 4249
2842 Meramec S
P. O. Address St. Louis, 18,

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.