

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040147

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10299**

VS 300
Rev. 4/59

1

2 **223**

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4 **0**

5 **1**

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12 **73-0**

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73

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
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 ST. ANTHONY HOSP.		d. STREET ADDRESS (If outside, give location) 1120^e SIDNEY	
Reside on Farm 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 EMIL Middle DIEDERICH Last DIEDERICH			4. DATE OF DEATH Month OCT Day 26 Year 1962
5. SEX MALE	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 SEPT 28, 1906
9. AGE (last birthday) 56		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY SUPERIOR FORWARDING	11. BIRTHPLACE (City and state or country) MO.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME HERMAN DIEDERICH	
13b. MOTHER'S MAIDEN NAME CAROLINE DRIESEWERY		14. NAME OF HUSBAND OR WIFE RUBINA DIEDERICH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES WW II		16. SOCIAL SECURITY NO. INFORMANT RUBINA DIEDERICH 1120^e SIDNEY	
18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 420.1			
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
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.)	
20c. TIME OF INJURY Hour Month, Day, Year			
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 9/18/62 to 10/26/62 and last saw him alive on 10/26/62 Death occurred at 8⁰⁰P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jas. Grunert M.D. (Degree or title)		22b. ADDRESS 5521 S. Brady	22c. DATE SIGNED 10/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE OCT 29, 1962	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	23d. LOCATION (City, town, or county) ST. LOUIS MO
24. FUNERAL DIRECTOR James Gutes 2906 Gravois ADDRESS		25. DATE RECD. BY LOCAL REG. 10-28-1962	26. REGISTRAR'S SIGNATURE Edna Smith, M.D.

Dr. Quintero

1-3

5521 & Broadway

CP 23-1911

STATE OF CALIFORNIA

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 *Eleanora Poince*

Licensed Embalmer No. *3403*

P. O. Address *2906 Grovers*

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.