MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037490

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9118

FILED SEP 19 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
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53

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bethesda Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Creve Coeur
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 245 S. New Ballas Road
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CLARENCE Middle EMIL Last DIELMANN

4. DATE OF DEATH: Month September Day 9 Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: Feb. 10, 1920
9. AGE (last birthday): 43
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): Sheet Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY: Master Heating Co.
11. BIRTHPLACE (City and state or country): Creve Coeur, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George H. Dielmann
13b. MOTHER'S MAIDEN NAME: Ella Klaustermeier
14. NAME OF HUSBAND OR WIFE: Eleanor Dielmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of serv
16. SOCIAL SECURITY NO.
17. INFORMANT: George H. Dielmann, 237 S. New Ballas Road Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): metastatic ca of brain — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): carcinoma of lung — 9 yrs.
163x
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8/23/63 to 9/10/63 and last saw her/him alive on 9/10/63
Death occurred at 2:07 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clarence L. Clark MD (Degree or title)
22b. ADDRESS: 550 N. Ballas Rd Creve Coeur 41 Mo
22c. DATE SIGNED: 9/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Sept. 12, 1963
23c. NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery
23d. LOCATION (City, town, or county) (State): Olivette, St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Kriegshauser West, 9450 Olive Blvd. (32)
25. DATE RECD. BY LOCAL REG.: SEP 11 1963
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 William B. White

Licensed Embalmer No. 4291

P. O. 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.