

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2761

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Deaconess Hosp.**) St. Ward)

File No.
 Registered No. **336**

2. FULL NAME Edward H. Diemunsch

(a) Residence. No. **2736 A Adams St.** St. **23** Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Evelyn L. Diemunsch**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 3 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 11 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Foreman**
 (b) General nature of industry, business, or establishment in which employed (or employer) **R. R. Round House**
 (c) Name of employer **Terminal R. R. Assn.**

9. BIRTHPLACE (CITY OR TOWN) **Jerayville**
 (STATE OR COUNTRY) **Ill.**

PARENTS

10. NAME OF FATHER **Emile Diemunsch**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **France**

12. MAIDEN NAME OF MOTHER **Salome Haneke**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Chicago Ill.**

14. INFORMANT **Mrs. Evelyn Diemunsch**
 (Address) **2736 A Adams**

15. FILED **Jan 10 1928** **Maule Starroff**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 8. 1928**

17. I HEREBY CERTIFY That I attended deceased from **Jan 1**, 19**28**, to **Jan 7**, 19**28** that I last saw him alive on **Jan 7**, 19**28**, and that death occurred, on the date stated above, at **9:30 A.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

121B
3% Appendicitis
Septic Infection
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) **117B**

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

1. DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **Jan 7 28**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **Edward J. M. D**

1110, 19**28** (Address) **1847**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Missouri Crematory **Jan. 11 1928**

20. UNDERTAKER **Allen McLaughlin 1651 Mo. Ave**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

