

APR 21 1936

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

Do not use this space.

17020

## 1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City Solomus (No. 3618<sup>2</sup>, 3rd St. 1003 Ward)

File No. 3771  
Registered No. 3771  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 3618<sup>2</sup> - 2<sup>nd</sup> Damburger St., 16 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Diehl</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 12 - 1870</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>1</u>
	DAYS <u>22</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>clothes cleaner</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Solomus Mo.</u>		
FATHER	13. NAME <u>Louis Diehl</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Caroline Diehl</u> <u>3618<sup>2</sup> Damburger St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Pauls Churchyard</u> DATE <u>April 7, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Wachtel - Alderle</u> <u>2331 S Broadway</u>		
20. FILED <u>APR 7 1936</u> 19 <u>J. F. Bredeck</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/31/33, 1943 to 4/4, 1936  
I last saw him alive on 4/4, 1936. Death is said to have occurred on the date stated above, at 7:45 pm.  
The principal cause of death and related causes of importance were as follows:  
Thrombus of Coronary artery Date of onset 4/4  
myocarditis chronic  
Hypertension

Other contributory causes of importance:  
None

Name of operation..... Date of.....  
What test confirmed diagnosis? BP Pressure Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify.....  
(Signed) E. H. Simpson, M. D.  
(Address) 3729 9<sup>th</sup> av. S. St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

