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.

JUN 26 1936

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

Do not use this space. 01

21572

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township — Primary Registration District No. 6248B — Registered No. 195

City Jefferson Barracks (No. HB Veterans Adm. Fac. St. Missouri St. Ward)

2. FULL NAME DIEDERICH, Thomas J.

(a) Residence, No. 5346 Gilson Avenue St., Ward. St. Louis Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? un yrs. kno mos. wn ds.

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~~ Mrs. Margarette Diederich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 26, 1886

7. AGE: Years 49 — Months 6 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unavailable

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME unavailable

14. BIRTHPLACE (CITY OR TOWN) unavailable
(STATE OR COUNTRY) unavailable

MOTHER

15. MAIDEN NAME unavailable

16. BIRTHPLACE (CITY OR TOWN) unavailable
(STATE OR COUNTRY) unavailable

17. INFORMANT M. Schilling
(ADDRESS) Clinical Clerk

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 5-23 36

19. UNDERTAKER Friedlander & Martin Co
(ADDRESS) 4278 Lotus Ave. St. Louis

20. FILED May 22 1936 L. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1936, to May 21, 1936

I last saw him alive on May 21, 1936. Death is said to have occurred on the date stated above, at 12:45 m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar, Left Lung	unknown

Other contributory causes of importance:
none

Name of operation none — Date of

What test confirmed diagnosis? phy. exam. x-ray. clinical manifestations laboratory — 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? .....

If so, specify .....

(Signed) C. Hughes Chief Medical Officer M.D.

(Address) Jefferson Barracks, Mo.