

AUG 25 1936

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

Do not use this space.

32286

1. PLACE OF DEATH

County St. Louis
Township Clayton
City St. Louis County

Registration District No. 790
Primary Registration District No. 6033e
(No. St. Louis County Hospital)

File No. _____
Registered No. 199
St. _____ Ward

2. FULL NAME DIEDERICHS, August

(a) Residence, No. 5035 New Port Avenue St. _____ Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 50 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 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. Lydia Happel Diederichs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 20, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 9 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker Woodworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank Fixture Co.
10. Data deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) Westphalen (STATE OR COUNTRY) Germany

FATHER 13. NAME Diederichs

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

MOTHER 15. MAIDEN NAME Wilhelmina Steinmeyer

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

17. INFORMANT Mr. Erwin Diederichs (ADDRESS) 6721 Alexandria

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cemetery DATE August 8, 1936

19. UNDERTAKER Beiderwieser Funeral Home, Inc. (ADDRESS) 1936 St. Louis Avenue

20. FILED 87 19 Dec 7 Squarell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:
Basal skull fracture, laceration of brain. Multiple fractures of ribs, penetrating left lower lobe of lung, fracture of rt. femur, hemothorax left side, with generalized internal injuries. Secondary; Shock and hemorrhage, external and internal.

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes

28. 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 _____, 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) Subst. Quinon, M. D.

(Address) 3718 Jennings St.
87/36 Corner St. Louis County

Mo.

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.

Verdict of Jury; As a result of an automobile accident at Laclede Station road and 66 highway. Due to negligence on the part of the deceased driver, August Deidrich.

Auto and truck collision of Laclede and 66, St. Louis County, Mo.

JAN 9 1953