

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.

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

Do not use this space.

OCT 1 1936

35469

1. PLACE OF DEATH

County St. Louis Registration District No. 788
 Township Jefferson Primary Registration District No. 4471
 City Schrewsbury (No. 70), Sandau Avenue St. _____ Ward _____
Webster Groves

File No. _____
 Registered No. 102

2. FULL NAME Arthur Fred Diederichsen

(a) Residence, No. 70 Sandau Avenue St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? --- yrs. --- mos. --- 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 <u>Emma Louise Bushey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 20, 1894</u>		
7. AGE YEARS 41	MONTHS 11	DAYS 24
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale and Retail Ice Deliveries		
10. Date deceased last worked at this occupation (month and year) <u>Oct. 1932</u>		11. Total time (years) spent in this occupation <u>16</u>

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

13. NAME Fred Diederichsen

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

15. MAIDEN NAME Theresa Rubaka

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

17. INFORMANT Mrs. Emma Diederichsen
 (ADDRESS) 70 Sandau, Webster Groves, Mo.

18. BURIAL, CREMATION OR REPOUSE St. Peter's Center
St. Louis County, Mo. DATE Sept. 16, 1936

19. UNDERTAKER Allen W. McLaughlin
 (ADDRESS) Webster Groves, Missouri

20. FILED 9-16-1936 Jules R. Young
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1936

22. I HEREBY CERTIFY, that I attended deceased from June 1936 to Sept. 17, 1936
 last saw him alive on July 19, 1936 Death is said to have occurred on the date stated above, at 12 Noon

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

Acute Coronary
relaxation Date of onset 7/14/36

Other contributory causes of importance:
Chr. Myocarditis
Chr. Nephritis 1915

Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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 death _____
 Nature of injury _____

24. Was death or injury in any way related to occupation of deceased?
 If so specify _____ (Signed) W. D. Mullen, M. D.

(Address) Webster Groves, Mo.

OK By coroner because of sudden death.

APR 18 1945

MAR - 9 1945

MAR - 8 1945

MAR 2 1945