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.

FEB 8 1937

1. PLACE OF DEATH

96 County ..... Registration District No. 791 File No. 3768

30 Township ..... Primary Registration District No. 1003 Registered No. 804

9 City St. Louis (No. 3853 Lindell Blvd. St. Ward)

2. FULL NAME Willy Diener

(a) Residence, No. 3853 Lindell Blvd. St., 19 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)

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.

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: Else Diener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 7, 1873

7. AGE: YEARS 63 | MONTHS 10 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Catering Mgr.,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coronado Hotel
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation: 233

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

FATHER

13. NAME: Theodore Diener
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Elizabeth Fredericks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

17. INFORMANT (ADDRESS): Mrs. Else Diener, 3853 Lindell Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine Cem. Jan. 20, 1937

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly Undt. Co., 3840 Lindell Blvd.

20. FILED JAN 10 1937, 19 J. H. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 17, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1936, to January 17, 1937. I last saw him alive on January 17, 1937. Death is said to have occurred on the date stated above, at 1:15 P.M.

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

	Date of onset
Coronary sclerosis	

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Other contributory causes of importance:
Cirrhosis of liver
Myocarditis chronic

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical 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) [signature], M. D.
(Address) 992 Arcade Building, St. Louis, Missouri.

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