

MAR 5 - 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **Saint Louis, Missouri** (No. **Lutheran Hospital.**) St. .... Ward)

2. FULL NAME **Stillborn of William And Gerda Diebal.**

(a) Residence, No. **4148 Wyoming Street.** St. **16** Ward. (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 <b>Male</b>	4. COLOR OR RACE <b>White.</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Infant</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>February 19th, 1937</b>		
7. AGE YEARS <b>0</b>	MONTHS <b>0</b>	DAYS <b>0</b>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Infant</b>		
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) <b>Saint Louis, Missouri.</b> (STATE OR COUNTRY)		
13. NAME <b>William Diebal</b>		
14. BIRTHPLACE (CITY OR TOWN) <b>Saint Louis, Missouri.</b> (STATE OR COUNTRY)		
15. MAIDEN NAME <b>Gerda Sandt</b>		
16. BIRTHPLACE (CITY OR TOWN) <b>Germany</b> (STATE OR COUNTRY)		
17. INFORMANT <b>William Diebal</b> (ADDRESS) <b>4148 Wyoming Street</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Sunset Burial Park</b> DATE <b>February 23rd 1937</b>		
19. UNDERTAKER <b>Ziegenhain Bros.</b> (ADDRESS) <b>2523 Cherokee Street.</b>		
20. FILED <b>FEB 23 1937</b> <b>J. H. Bredeck</b> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 19th, 1937.**

22. I HEREBY CERTIFY, That I attended deceased from

..... 19..... to ..... 19.....  
 I last saw h. .... alive on **Still Born**, 19..... Death is said to have occurred on the date stated above, at **1:00 P.M.**

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

**Still Born**  
**Strangulated**

Date of onset

Other contributory causes of importance:

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

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) **O. C. Hansen**, M. D.  
 (Address) **3157 1/2 Park Ave**

WHILE FATHER WITH UNENDING 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.

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