

AUG - 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. **1008**City..... **St. Louis** (No. ....)City Hospital No. **1**

File No. ....

**25434**

Registered No. ....

**6608**

St. .... Ward)

C5919

## 2. FULL NAME

**Herbert Diehm***Diehm*

(a) Residence, No. ....

**1717 A South Jefferson****23** Ward.

(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)*

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 10th, 1897.**

7. AGE

YEARS

40

MONTHS

3

DAYS

26

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

nil

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) (STATE OR COUNTRY) **Missouri ?**

MOTHER FATHER

13. NAME

**Edward Diehm**

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

**Germany**

15. MAIDEN NAME

**Amalia Schlette.**

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

**Germany**

17. INFORMANT (ADDRESS)

**Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **St. Pauls Churchyard** DATE **July 9th, 1937**

19. UNDERTAKER (ADDRESS)

**Ziegankel Bros. 2523 Cherokee Street.**

20. FILED

**JUL 9 1937****J. F. Bredeck**

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/6/37** 1922. **6/21/37** I HEREBY CERTIFY, That I attended deceased from **7/6/37**, 19I last saw **him** alive on **7/6/37**, 19. Death is saidto have occurred on the date stated above, at **5.05 p.m.**

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

Date of onset

*General paralysis of the insane  
Syphilitic aortitis*

Other contributory causes of importance:

*83*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **yes**

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) **Charles M. Jessico**, M. D.(Address) **City Hospital No. 1**

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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