

REC'D SEP 12 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 791
 CERTIFICATE OF DEATH

27350

Do not use this space.

7364

1. PLACE OF DEATH

(a) County Registration District No. 1008
 (b) Township Primary Registration District No.
 (c) City St. Louis. (d) Street No. 4416 So. Main St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Robert Diehl
 (a) Residence, No. 4416 So. Main St. St. 15
 (Usual place of abode, if no street address, write county or city) (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
3 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At. Homes, Mo.
 9. Industry or business in which work was done, as 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) St. Louis, Mo.

FATHER 13. NAME Harry Diehl
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Caroline Pilousek
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Harry Diehl
4416 So. Main St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers Cemetery DATE Aug. 20, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. H. Hebbken & Co.
2842 Meramec St.

20. F. AUG 19 1938 J. P. Budzek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/16/38, 19, to 8/18/38, 19.
 I last saw him alive on 8/15/38, 19. Death is said to have occurred on the date stated above, at 3:05 P. m.
 The principal cause of death and related causes of importance were as follows:
Sastroenteritis Date of onset 8/12/38

Other contributory causes of importance: 119B

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) Blannet Kelly M. D.
 (Address) 5545 O. Road

STATEMENT BY LICENSED EMBALMER

I, Howard F. Roland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Howard F. Roland

Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)