

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH879
Do not use this space.

1. PLACE OF DEATH

- (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **4124 S. Compton Ave.** St. **Mo.**
 (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 **Cornelius Diehn**

- (a) Residence, No. **4124 S. Compton Ave.** St. **Mo.**
 (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*) **Widower**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Louise Diehn**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 31, 1850**
 7. AGE YEARS **88** MONTHS **8** DAYS **27** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Cigar maker**
 9. Industry or business in which work was done, as saw mill, bank, etc. **own business**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Columbus, Ohio** (STATE OR COUNTRY)

13. NAME **John Diehn**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mary Menze** (ADDRESS) **4124 S. Compton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn** DATE **Jan. 30, 1939**

19. FUNERAL DIRECTOR (NAME) **Wacker-Helderle** (ADDRESS) **2331 S. Broadway**

20. FILED **JAN 28 1939** **J. D. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 27, 1939**22. I HEREBY CERTIFY, That I attended deceased from **January 19, 1939 to January 25th, 1939**I last saw him alive on **January 25th, 1939** Death is saidto have occurred on the date stated above, at **7:50 a. m.**

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

Apoplexy (cerebral Hemorrhage)Date of onset
Jan. 25

Other contributory causes of importance:

Arteriosclerosis, Hypertension, SenilityName of operation **None** Date of
What test confirmed diagnosis? **All usual.** 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 19Where 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 injury24. Was disease or injury in any way related to occupation of deceased? **No.**
If so, specify(Signed) **Cornelius Diehn**, M. D.
(Address) **2278 S. Jefferson**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Frank J. Phylaud Sr.

or by

Registered Apprentice No. working under my personal supervision.

Signed

Frank J. Phylaud Sr.

Licensed Embalmer No.

*2646
St. Louis Mo*

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.