

Registration District No. 791 Primary Registration District No. 1003

FILED FEB 17 1940

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Mos. 6 Days
(Specify whether _____)
In this community _____
years, months or days)

USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5612 Vernon Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME Shirley Diel
8. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 31, 1927
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 - 26 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student St. Marks School

11. Industry or business _____

MOTHER FATHER
12. Name George C. Diel
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Hamner
15. Birthplace Iola Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant George C. Diel
(b) Address 5612 Vernon Avenue

17. (a) Burial (b) Date thereof Jan. 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. P. Stuart
(b) Address 1225 Union

19. (a) JAN 29 1940 (b) J. J. Braden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27,
year 1940 hour 7:50 minute A. M.

21. I hereby certify that I attended the deceased from August 22, 1940, to January 27, 1940;
that I last saw her alive on January 27, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 wks

Due to Dermatomyositis 7 mos

Due to _____

Other conditions (include pregnancy within 3 months of death) 108

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C. E. Dushkewitz D. or other _____
Address 1515 Lafayette Date signed 1/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert G. Kappeler

Licensed Embalmer No.....

2971

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.