

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH: St. Louis 3
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Valentine Diefenbach
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife 59 6. (c) Age of husband or wife if alive 59 years
Matilda Diefenbach
7. Birth date of deceased Jan. 20 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 0 19 hr. min.

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

10. Usual occupation Unemployed formerly a

11. Industry or business terra cotta worker

12. Name Valentine Diefenbach
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Christ
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Matilda Diefenbach
(b) Address 1047 Hampton Ave.

17. (a) Burial (b) Date thereof 2-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway

19. (a) FEB 10 1940 (b) J. F. Bader
(Date recorded by Registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1047 Hampton Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 8th
year 1940 hour 9:22 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation, due to hanging by rope, around his neck, attached to top of iron bed, in his
Due to home, 1047 Hampton Ave., February 8th, 1940, about 9:22 P.M.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence February 8th, 1940
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home

23. Signature Alfred Perry (Specify type of place) (e) Manner of injury 4
Address 1047 Hampton Ave. (M. D. or other) _____
Date signed 2.10.40

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 *Eduard M. Heruath*

Licensed Embalmer No. *30214*

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.