

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

Rev. 5-17-39
1 X1951

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.

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs.
(Specify whether years, months or days)

In this community 15 yrs.

2. (a) PRINT FULL NAME Andrew ~~Charles~~ Diemler 546

3. (b) If veteran, name war None

3. (c) Social Security No. ---

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ida Eichler-- Deceased

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan 5 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>1</u>	<u>17</u>	hr. min.

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

10. Usual occupation Storekeeper & watchman

11. Industry or business

MOTHER FATHER

12. Name William Diemler

13. Birthplace Jefferson City, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Reitz

15. Birthplace Loman, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Everett Diemler

(b) Address 322 W. Ashley St. Jeff. City.

17. (a) Burial (b) Date thereof 2/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director Buescher Funeral Home

(b) Address Jefferson City, Mo.

19. (a) 2/23/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 322 W. Ashley
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 February
year 1940 hour 06 minute AM

21. I hereby certify that I attended the deceased from 2-22-40
to 2-22-40, 1940 to 2-22-40, 1940

that I last saw him alive on 2-22-40
and that death occurred on the date and hour stated above.

Immediate cause of death
St. Marys credits!
stroke occurring
Due to fracture skull

Due to subarachnoid bleed
in Jefferson City Mo

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

Major findings:
Of operations _____

Of autopsy no

PHYSICIAN _____

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) auto accident

(b) Date of occurrence 2-22-40

(c) Where did injury occur? Jefferson City Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public street
(Specify type of place) (e) Means of injury automobile

While at work? yes

23. Signature M. R. Aldridge (M. D. or other) MD
Address Jefferson City Mo. Date signed 2/23/40

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 _____

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

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.

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson City,
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Marys Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Six (Specify whether
 years, months or days) 15 yrs.

3. (a) PRINT FULL NAME Andrew Christ Diemler3. (b) If veteran, name war None 3. (c) Social Security No. ---

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Ida Fisher 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased Jan 5 1874
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>1</u>	<u>17</u>	hr. min.

9. Birthplace Jefferson City, Mo. Cole Co
(City, town, or county) (State or foreign country)10. Usual occupation Storekeeper & Watchman

11. Industry or business _____

MOTHER FATHER
 12. Name William Diemler
 13. Birthplace Jefferson City, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Peetz
 15. Birthplace Lohman, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Everett Diemler
(b) Address 302 W. Ashley St. Jeff. City17. (a) Burial (b) Date thereof 2/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cem.18. (a) Signature of funeral director Buescher Funeral Home
(b) Address Jefferson City, Mo19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
 (c) City or town Jefferson City, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 302 W. Ashley.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ 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 # Newspaper report - Collision with a stone wall. # Duration _____

Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

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 _____ (M. D. or other) _____
Address _____ Date signed _____

S-6367

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 _____

Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

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.