

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17273
State File No. _____
Registrar's No. 4751

791

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-week
(Specify whether
In this community 40 Years.
years, months or days)

3. (a) PRINT FULL NAME William T. Diebels. 142
3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male. 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elle Anna Diebels. 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased November 6, 1875.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 22 _____ hr. _____ min.

9. Birthplace Holland. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Organist.

11. Industry or business _____

MOTHER FATHER { 12. Name Theodore Diebels. _____
13. Birthplace Holland. _____
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Hagemans. _____
15. Birthplace Holland. _____
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. J. Diebels
(b) Address 4238 Maryland Ave.

17. (a) Burial (b) Date thereof 5-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul
18. (a) Signature of funeral director Arthur J. Donnelly
3840 Lindell Blvd.

(b) Address _____
19. (a) MAY 31 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis. _____
(If outside city or town limits, write "RURAL")
(d) Street No. 4238 Maryland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 40 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th.
year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 14
1940 to May 28 1940
that I last saw him alive on May 28 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 7 Days
Due to 108
Due to _____

Other conditions osteo Arthritis -
(Include pregnancy within 3 months of death)
Non tubercular
Major findings: No Operations
Of operations _____
Of autopsy No 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 Joseph Mayes (M. D. or _____)
Address St. Louis, Mo. Date signed 5/29/40

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

*Dr. Marshall
Ministry Clerk 11/11/68
11-1*

*APCA
APCA*

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lueder Blvd*

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.