

No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34243**
Registrar's No. **8940**

NOV 16 1940

791

Primary Registration District No.

1003

1. PLACE OF DEATH:

(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: St Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 min (Specify whether years, months or days)

3. (a) PRINT FULL NAME Donald Diamond

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race Colored 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 1st 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. 45 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name James Sidney Diamond

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

14. Maiden name Rebecca Trice

15. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant J. S. Diamond

(b) Address 2846 Locust

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 10-31-40
(Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Mrs. Hamilton

(b) Address City Health Dept

19. (a) OCT 30 1940 (b) J. S. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2846 Locust
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1st year 1940 hour 5:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from 4:15 PM October 1st, 1940, to 5:00 PM 10-1, 1940; that I last saw him alive on October 1st, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Congenital Polycystic Kidney

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 178

Major findings: Of operations _____
Of autopsy Left Congenital Polycystic Kidney enlarged 7 times - Bilat. Hydro-nephrosis

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 L. S. Davis (M. D. or other) _____
Address St. Mary's Infirmary Date signed 10-2-40

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

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.