DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39612

Registration District No. 913 Primary Registration District No. 5 Registrar's No. 5

1. PLACE OF DEATH:

(a) County: St Charles

(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 52 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St Charles

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME: Louise Diederich

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Oct (Month) 15 (Day) 1861 (Year)

8. AGE: Years 78 Months 9 Days 7 If less than one day hr. min.

9. Birthplace: St Charles (City, town, or county) (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business:

FATHER 12. Name: Christopher Wildschuetz

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

MOTHER 14. Maiden name: Fredricha Ohlendorf

15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Walter Diederich

(b) Address: Defiance Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof: July 25, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Defiance Mo

18. (a) Signature of funeral director: Morris Muschany

(b) Address: Hamburg, Mo.

19. (a) 7-24-40 (Date received local registrar) (b) O R Buerneman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day Monday 22nd year 1940 hour 7:30 minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on Monday 22nd, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to: Chronic Myocarditis & Chronic Endocarditis	
Due to:	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings: Of operations: N/A

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Dr. T. Douglas Blaylock (M. D. or other)

Address: Hamburg, Mo Date signed 23rd

(Licensed Embalmer's Statement on Reverse Side)

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.

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. 24 61

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.