V. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1942

Registration District No. 184

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11928.

Primary Registration District No. 200

Registrar's No. 572

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution: Mount ST. Rose Hospital.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis, 96

(c) City or town Clayton, 2
(If outside city or town limits, write "RURAL")

(d) Street No. 415 Edgewood Drive. 3
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME FLADA GENE DIEKNEITE.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Frank E. Diekneite Jr. 6. (c) Age of husband or wife if alive 41. years

7. Birth date of deceased Nov, (Month) 19, (Day) 1909. (Year)

8. AGE: Years 32. Months 3. Days 22. If less than one day hr. min.

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

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Frederick L. LeVan.
13. Birthplace London, (City, town, or county) England. (State or foreign country)

MOTHER
14. Maiden name Hazel Mead.
15. Birthplace Ava, (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant Dr Frank E. Diekneite, Jr.
(b) Address 415 Edgewood Drive, Clayton

17. (a) burial. (Burial, cremation, or removal) (b) Date thereof 3/14/1942. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C.R.Lupton & SOns.
(b) Address #7233 Delmar Boulevard.

19. (a) MAR 13 1942 (Date received local registrar) (b) C. G. McGarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th, year 1942. hour 3 30 minute P M.

21. I hereby certify that I attended the deceased from 1938 to, 19, to 3/11/42, 19; that I last saw her alive on 3/10/42, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculous pneumonia	1 wk.
Due to Pulmonary hemorrhage	8 Days
Due to Pulmonary tuberculosis	4 yrs.
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 0

23. Signature John W. Denne (M. D. or other)
Address 462 No. Taylor Date signed 3/13/42.

707

(Licensed Embalmer's Statement on Reverse Side)

DR. JOHN DEVINE
462 No.Taylor
Hrs 1-3P.M.
JE-5365

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City M

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, fact should be so stated above.