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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28141

State File No.

Registration District No. 784 Primary Registration District No. 100 Registrar's No. 1829

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 2641 Melvin Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96 9 1

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

(d) Street No. 2641 Melvin Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Henry Diehl

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 27 (Day) 1856 (Year)

8. AGE: Years 86 Months = Days 4 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Henry Diehl
13. Birthplace (City, town, or county) Europe 4 (State or foreign country)

MOTHER
14. Maiden name Margaret Baker
15. Birthplace Buffalo (City, town, or county) New York 1 (State or foreign country)

16. (a) Informant Mrs Ella Parter

(b) Address 2641 Melvin ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-1942 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director Louis H Bopp Inc

(b) Address Kirkwood Mo

19. (a) AUG 31 1942 (Date received local registrar) (b) E G McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1942 hour minute 7 30 A M.

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

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Chronic Myocarditis

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 C E Barnett (M. D. or other)

Address 243 W Jefferson Kirkwood Date signed 8/31/42

707 (Licensed Embalmer's Statement on Reverse Side)

Mo

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. 921

P. O. Address Rockwood

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.