

FILED DEC 22 1943 318

Registration District No. Primary Registration District No. 1003

11008

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **1 day**
(Specify whether
In this community..... **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No..... **6200 So. Kingshighway**
(If rural, give location)
(e) Citizen of foreign country?..... **--** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **William Diehl**

3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... **Lucy Diehl** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **May 6, 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	7	5	hr. min.

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

10. Usual occupation..... **Retired**

11. Industry or business.....

MOTHER FATHER {
12. Name..... **Unknown**
13. Birthplace..... **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Strobel**

(b) Address..... **6200 South Kingshighway**

17. (a) **Burial** (b) Date thereof..... **12 13 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New Picker cemetery**

18. (a) Signature of funeral director..... **Hacker, Heller & Had. Co.**

(b) Address..... **3634 Gravois Ave.**

19. (a) **DEC 13 1943** (b) **J. F. Probst**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **December** day..... **11**
year..... **1943** hour..... **1** minute..... **30** A.M.

21. I hereby certify that I attended the deceased from..... **12-5-43**
..... 19..... to..... **12-10-43** 19..... **43**
that I last saw him..... alive on..... **12-10-43** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Med cerebral hemorrhage**
Due to..... **late interstitial nephritis**
Due to..... **arterio-sclerosis**
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Of autopsy.....

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..... **W. J. H. Jones** (M. D. or other)
Address..... **4435 Virginia** Date signed.....

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

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.....

Frank J. Myland

Licensed Embalmer No.....

9675

P. O. Address.....

Lawrence

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.