

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

2
43
39
135697

FILED MAY 25 1944
Registration District No. 318

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 Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 30 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward O. Diederich
3. (b) If veteran, name war none
3. (c) Social Security No. 493-05-907

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Evelyn
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Jan. 21 1897
(Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 26
If less than one day hr. min.

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

10. Usual occupation Milk Wagon Driver

11. Industry or business St. Louis Dairy Co.

MOTHER FATHER
12. Name Charles Diederich
13. Birthplace Wright City Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Louise Wildschuetz
15. Birthplace Wright City Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Diederich
(b) Address 4549 A. Virginia Ave.

17. (a) burial (b) Date thereof 5-20-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director M. Schumacher
(b) Address 3013 Meramec

19. (a) MAY 19 1944 (Date received local registrar)
J. F. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4549 A. Virginia Ave.
(If rural, give location) no
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 17th
year 1944 hour 4 minute 0 A.M.
21. I hereby certify that I attended the deceased from 4-26-44
1944 to 5-16-44 1944
that I last saw him alive on 5-16-44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Shingles
Dehydration
Due to Shingles
Due to Dehydration
Other conditions 2H
(Include pregnancy within 3 months of death)

Major findings: None
Of operations
Of autopsy General Sepsis
Shingles
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Joseph L. Jones (M. D. or other)
Address 4065 - 50th Date signed 5/18/44

JUN

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..... *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *St. Louis Mo.*

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.