

FILED AUG 21 1944

318

Primary Registration District No. _____

1003

Registrar's No. 7044

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

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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____ Life _____ (Specify whether _____)

3. (a) PRINT FULL NAME ALMA DIEMER BRYDEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Douglas M. Bryden 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased 11 (Month) 26 (Day) 1900 (Year)

8. AGE: Years 43 Months 7 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name EMIL DIEMER

13. Birthplace Germany
(State or foreign country)

14. Maiden name ALMA SITTIG

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

16. (a) Informant Mr. Douglas Bryden

(b) Address 5825 Nina Place

17. (a) Burial (b) Date thereof 8 12 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director Glennard Sons

(b) Address 6175 Delmar Boulevard

19. (a) AUG 12 1944 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

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. 6175 Delmar Boulevard
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12th
year 1944 hour 12 minute 33 A. M.

21. I hereby certify that I attended the deceased from 10-9- 1943 to 8-12- 1944
that I last saw h. alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 6 days

Due to Adeno carcinoma ovarian metastasis 10 mos

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Adeno carcinoma
Of operations ovarian metastasis
Of autopsy General carcinomatous

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) (f) Means of injury _____

23. Signature John P. Vaughan (M. D. or other) _____
Address 634 No. Grand Date signed 8-12-44

844

Dr. J. R. Vaughan
M. T. B.

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: *Joseph McCulloch*

Licensed Embalmer No. *2960*

P. O. Address *6175 Delmar*

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.