

S. No. 2
M-5-43
5-17-39
I X3667

Registration District No. 297 Primary Registration District No. 6021

8900
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Ray
(b) City or town St. Louis
(c) Name of hospital or institution: St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 2 yrs
years, months or days (Specify whether)

3. (a) PRINT FULL NAME OSCAR W. DIEHL
3. (b) If veteran, ✓ name war ✓
3. (c) Social Security No. _____

4. Sex M 5. Color or race wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ZORA DIEHL
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Sept. 21 - 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 20 hr. min.

9. Birthplace Peara Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business _____

MOTHER: FATHER:
12. Name John W. Diehl
13. Birthplace unknown Penn
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Changwin
15. Birthplace unknown Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Oscar Diehl
(b) Address St. Louis

17. (a) removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Peara, Germany

18. (a) Signature of funeral director Raymond J. Mead
(b) Address Raymond 700 Madison

19. (a) Nov 11 - 1944 (Date received local registrar)
Mrs Oscar W. Shippard (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1944 hour 5 minute 40 P.M.

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

Immediate cause of death Coronary Arteriosclerosis Duration _____

Due to _____

Due to 94a

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

Major findings: Of operations _____

Of autopsy _____

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 Nov. 11, 1944
(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? No (Specify type of place) (e) Means of injury _____

23. Signature Dr J. F. Barber (M.D. or other)
Address Raymond Mo Date signed 11-12-44

DEC 18 1944

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-12-44

Mr. Rudy Nardin
, Local 101-Annular

405
303 N. College
Baker

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 Edward J. Mead

Licensed Embalmer No. 2801

P. O. Address Prayner, MS

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.