

FILED JAN 25 1945
No. 1003

Primary Registration District No.

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:
Alexiana-Bross 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.....
years, months or days)

3. (a) PRINT FULL NAME Frank L. Diesbach
 3. (b) If veteran, name war No
 3. (c) Social Security No.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widow
 6. (b) Name of husband or wife Minnie
 6. (c) Age of husband or wife if alive 6 years
 7. Birth date of deceased Oct. 6 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 4
 If less than one day hr. ___ min. ___

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

10. Usual occupation Retired

11. Industry or business.....
 12. Name Heinrich Diesbach
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Dien
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Ringwald,
 (b) Address 4028a Taft Ave.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Jan. 13, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park
 18. (a) Signature of funeral director Wacker-Hilderle
 (b) Address 2634 Gravois Ave.

19. (a) JAN 12 1945
(Date received local registrar) (b) J. F. Brudick
(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. 4052 Taft Ave.
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
 year 1945 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 12, 1944 to Jan 10, 1945
 that I last saw him alive on Jan. 10, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Metastases of carcinoma of the breast
 Duration 1 year

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy Ca of stomach with metastases
 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.....

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 J. F. Brudick (M. D. or other) MD
 Address 3606 Travis Date signed 1/14/45

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 Robert Wheeler
Licensed Embalmer No. 2178
P. O. Address Louis 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.