

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

FILED JUL 20 1945
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **lmo-27 days**
 In this community **0** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **000**
 (c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **176**
 (d) Street No. **1469 Belt** (If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **August Deidrich**

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month **July** day **11th** year **1945** hour **12:10** minute **A.** M.
 21. I hereby certify that I attended the deceased from **5/14/45** to **7/11/45** 19.....; that I last saw him **im** alive on **7/11/45** 19..... and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **Stella** 6. (c) Age of husband or wife if alive **69** years
 7. Birth date of deceased **unk** (Month) (Day) (Year)

Immediate cause of death **Cyberphrosia** Duration
 Due to..... **61**
 Due to.....
 Other conditions **Diphtheria, Pertussis**
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
abt. 67 — — hr. min.

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

10. Usual occupation **YARD MAN**

11. Industry or business

12. Name **W. A.**

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

14. Maiden name **9**

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

16. (a) Informant **Walter Deidrich**

(b) Address **1469 Belt**

17. (a) **BURIAL** (b) Date thereof **July 12 1945** (Month) (Day) (Year)

(c) Place: burial or cremation **Wellsville, Mo.**

18. (a) Signature of funeral director **Gulphur - Kelly**

(b) Address **4386 Grandell**

19. (a) **JUL 11 1945** (Date received local registrar) (b) **J. P. Deidrich** (Registrar's signature)

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 **James J. Stanton** (M. D. or other) **7/11/45**
 Address **1515 Lafayette**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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.....

Emb cert filed separate

Licensed Embalmer No.

P. O. Address.....

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.