S. No. 2
OM—5-43
v. 5-17-39
I X3667

35845

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14644

FILED MAY 2 1946

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 3551

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

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-Max C. Starkloff Memorial
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 2 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2317 PARK AV. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME VALENTINE DIEFENBACH

3. (b) If veteran, name war NO

3. (c) Social Security No. NO.

4. Sex MALE 0

5. Color or race WHITE

6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of husband or wife LENA DIEFENBACH

6. (c) Age of husband or wife if alive years

7. Birth date of deceased OCTOBER (Month) 3 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	6	14	hr. min.

9. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name JOHN DIEFENBACH 4
13. Birthplace GERMANY 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARGARET UNKNOWN
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Diefenbach
(b) Address 2317 Park av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 22-46 (Month) (Day) (Year)
(c) Place: burial or cremation OLD S. S. Peter + PAUL

18. (a) Signature of funeral director E. J. Schnurr.
(b) Address 3125 Lafayette av.

19. (a) APR 21 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1946 hour 11:20 minute P M.

21. I hereby certify that I attended the deceased from 3/13/46
, 19 , to 4/17/46 , 19 ;
that I last saw him alive on 4/17/46 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebro-vascular Accident	
Due to Hypertension Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

85a!

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

(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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Robert E. Rodi. 1525 Lafayette Ave., 4/18/46 (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis Mo 4

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.