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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1946

Registration District No. 3070

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41931

Primary Registration District No. 3070

Registrar's No. 3564

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Webster Groves 19
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 649 N. Forest Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Webster Groves 19 7
(If outside city or town limits, write "RURAL")

(d) Street No. 649 N. Forest Ave. 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM JAMES DIDDEA

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife EMMA BELLE DIDDEA

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased 12 (Month) 29 (Day) 1871 (Year)

8. AGE: Years 74 Months 11 Days 24 If less than one day hr. min.

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

10. Usual occupation BARBER RETIRED 10 YRS

11. Industry or business

FATHER
12. Name Peter Diddea
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Emma B. Diddea

(b) Address 649 N. Forest Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mitelberg Funeral Home

(b) Address 23 W. Lockwood Webster Groves Mo

19. (a) 12-26-46 (Date received local registrar) (b) Ruth J. Allen M.D. (Registrar's signature) Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1946 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from Jun 1938 to Dec 23 1946 that I last saw him alive on 12-23 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 hr.
Due to: arteriosclerosis	2 yrs
Due to: 940	
Other conditions (Include pregnancy within 3 months of death): Acute Bronchitis	2 days
& Asthma	

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

23. Signature Earl L. Brand (M. D. or other)

Address Webster Groves Mo Date signed 12/23/46

(Licensed Embalmer's Statement on Reverse Side)

Dr Brandt

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.....Van M. Sizemore.....

Licensed Embalmer No.....4343.....

P. O. Address.....2415 Zephyr Pl Maplewood Mo.....

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.