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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42318**
Registrar's No. **10478**

Registration District No. _____ Primary Registration District No. **1003**

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:
City Hospital 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community life (Specify whether
years, months or days)

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. 5644 Rhodes
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME Henry Diesing
3. (b) If veteran, name war XXXXXX 3. (c) Social Security No. 489-10-9478

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 4
year 1946 hour 10 minute 00 P.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Louise 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 9 1877
(Month) (Day) (Year)

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.

8. AGE: Years 69 Months 6 Days 25 If less than one day _____ hr. _____ min.

Immediate cause of death _____
Coronary Thrombosis

9. Birthplace St. Louis Mo. 10
(City, town, or county) (State or foreign country)

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

10. Usual occupation Machinist

Major findings:
Of operations _____

MOTHER FATHER
11. Industry or business _____
12. Name Fred Diesing
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known
(City, town, or county) (State or foreign country)

Of autopsy _____

16. (a) Informant Eugene H. Diesing
(b) Address 5754 Tholozan
17. (a) Cremation (b) Date thereof 12-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

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

18. (a) Signature of funeral director John L. Ziegenhein & Son
(b) Address 2027 Gravois Ave
19. (a) DEC 7 1946 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

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)
(a) Means of injury _____
22. Signature Alfred Perry (M. D. or other)
Date signed 12/7/46

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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 W. J. Peterson

Licensed Embalmer No. 3767

P. O. Address. Overland 147

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.