

FILED MAR 24 1947

Registration District No. 318

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CHRISTIAN HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 YR.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits write "RURAL")
(d) Street No. 9418 Easton
(If rural, give location) NR!
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Howard Louis Diskhoener

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced A

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

7. Birth date of deceased June 4 1942
(Month) (Day) (Year)

8. AGE: Years 4 Months 9 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace: Hannibal Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business _____

12. Name Sylvester Dickhoener

13. Birthplace Quincy Ill
(City, town, or county) (State or foreign country)

14. Maiden name Louise Parks

15. Birthplace Ma. Erie Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Sylvester Dickhoener

(b) Address Overland Mo

17. (a) Removal (b) Date thereof 3-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy Ill

18. (a) Signature of funeral director Optimus F. Home

(b) Address 9222 Luskland Overland Mo

19. (a) 1947 (b) J. F. Breeseck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1947 hour 5³⁰ minute A M.

21. I hereby certify that I attended the deceased from March 7, 1947, to March 10, 1947;
that I last saw him alive on March 7, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

cardiac dilatation

Due to _____

Influenza

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy as above

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 Harker M. D. or other _____

Address 5074 Union Blvd 370

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

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..... *Al C. Ortman*.....

Licensed Embalmer No. *3478*.....

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, above space should be left blank.