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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 8 1948

Registration District No. 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3066

State File No. 7264

Registrar's No. 375

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Old Watson Road
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No.: Old Watson Rd. 3
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: John Diel

3. (b) If veteran, name war: no

3. (c) Social Security No. .....

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Emma Westermann

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: January (Month) 27 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
74	0	8	..... hr. ..... min.

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

10. Usual occupation: none

11. Industry or business: none

FATHER
12. Name: Frank Diel
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Julia Kerth
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Emma Diel
(b) Address: Old Watson Rc.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mattese, Mo.

18. (a) Signature of funeral director: Fendler Und. Co.
(b) Address: 7420 Michigan Ave.

19. (a) 2-9-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cause unknown	
Due to:	
Due to: 200 c	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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: [signature] (M. D. or Coroner) 0
Address: Commissioner of Health Date signed: 2-17-48

Jefferson City Printing Co.

(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.....V. E. Morris.....

Licensed Embalmer No.....3360.....

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.