

10-47  
17-39  
I 3906

FILED SEP 7 1948

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St Louis

(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:  
None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether)

In this community \_\_\_\_\_ years, months or days

3: (a) PRINT FULL NAME NORMAN DAVID DIRHOLD.

3: (b) If veteran name war No

3: (c) Social Security No. 408-1R-2418

4. Sex Male 5. Color or race White

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

6: (b) Name of husband or wife \_\_\_\_\_ 6: (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 16 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 2 28 hr. -min.

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

10. Usual occupation Surveyors Ass.

11. Industry or business Retired.

12. Name John William Dirhold

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

14. Maiden name Marie Cleaver

15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16: (a) Informant Margaret Morrissey

(b) Address Pattersonville Mo Box 43

17: (a) Burial (b) Date thereof 8-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cem.

18: (a) Signature of funeral director Baumgardner (Specify type of place)

(b) Address 250 W. Washington (c) Means of injury \_\_\_\_\_

19: (a) 8-16-48 (b) Gene Sharp  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town Pattersonville  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Box 43  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12  
year 1948 hour 10 minute 55 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.

Immediate cause of death Unknown

died without medical attendance

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 200

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

(a) Signature \_\_\_\_\_ (Specify type of place)

(b) Address \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. DYER)  
Address Commissioner of Health Date signed 8-16-48

**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 3454

....., Registered Apprentice No.....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 7550

P. O. Address Overland 14, 27

**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.