

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35062

FILED OCT 27 1949

State File No.

#104395

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8778

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri, b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		17
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			d. STREET ADDRESS (If rural, give location) 707 Wyoming St., 24		
3. NAME OF DECEASED (Type or Print) a. (First) CARRIE b. (Middle) c. (Last) DIEHL			4. DATE OF DEATH (Month) (Day) (Year) 10/9/49		
5. SEX Female,	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed,	8. DATE OF BIRTH March 24, 1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unknown,		13b. MOTHER'S MAIDEN NAME Unknown,		14. NAME OF HUSBAND OR WIFE John Diehl, (Deceased).	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph J. Braun, 4320 Nebraska Ave.,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown			INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 200c			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7955			
22. I hereby certify that I attended the deceased from 10/8/49 to 10/9/49 , 19___, that I last saw the deceased alive on 10/9/49 , 19___, and that death occurred at 5:45pm , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John W. Murphy, M.D.			23b. ADDRESS 1515 Lafayette		23c. DATE SIGNED 10/10/49
24a. BURIAL CREMATION, REMOVAL (Specify) Burial,	24b. DATE 10/12/49	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery,	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. OCT 12 1949	REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,		

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

VS
JAN 13 1960

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 MO

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Laron E. Tency

Licensed Embalmer No. 4094

2842 Meramec St.,

P. O. Address St. Louis, 18, 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.