

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28130
6888

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 2 Wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		4820			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony Hospital				e. STREET ADDRESS (If rural, give location) 9307 Aster					
3. NAME OF DECEASED a. (First) William (Type or Print) -			b. (Middle) A		c. (Last) Diestelhorst		4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 7, 1895		9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10b. KIND OF BUSINESS OR INDUSTRY Copper & Brass		11. BIRTHPLACE (State or foreign country) St Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Wm Diestelhorst			13b. MOTHER'S MAIDEN NAME Schulte		14. NAME OF HUSBAND OR WIFE Hildegarde Diestelhorst				
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. 488-03-1127		17. INFORMANT'S SIGNATURE OR NAME Hildegarde Diestelhorst		ADDRESS 9307 Aster			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last. DUE TO (b) Arteriosclerosis, Senescence, Gen DUE TO (c) Hypertension, Senescence II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pericarditis, pleuritis				INTERVAL BETWEEN ONSET AND DEATH 6 days 4 yrs 4 yrs not 2 weeks date	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) M		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 3:31 PM					
22. I hereby certify that I attended the deceased from April 1946 , to 8-12, 1950 , that I last saw the deceased alive on 8-11, 1950 , and that death occurred at 7:30 PM , from the causes and on the date stated above.									
23a. SIGNATURE W.W. Forsman				23b. ADDRESS 9436 Gravois		23c. DATE SIGNED 8-12-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 8/14/50		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St Louis County, Mo.			
DATE RECD. BY LOCAL Aug 14 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. L. Ziegenhein & Sons 7027 Gravois					

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W. G. Peterson

Signed.....
Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address *7027 Spruce*

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.