

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 10095
 2456

318

100

Registrar's No.

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
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		c. LENGTH OF STAY (In this place) 22 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2352 Park Avenue				d. STREET ADDRESS (If rural, give location) 2352 Park Avenue			
3. NAME OF DECEASED (Type or Print) JENNIE		a. (First)		b. (Middle) E.		c. (Last) FRIEND	
4. DATE OF DEATH (Month) (Day) (Year) March 13-1951		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W ✓	
8. DATE OF BIRTH JAN. 15-1869		9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Rudolph, Ohio		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Lewis Diemst		13b. MOTHER'S MAIDEN NAME Elizabeth Watson	
14. NAME OF HUSBAND OR WIFE John C.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME J. Don Friend	
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) Myocardial Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Age DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7	
19a. DATE OF OPERATION 4		19b. MAJOR FINDINGS OF OPERATION no				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) (Minute) ✓	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? y		22. I hereby certify that I attended the deceased from 9/6, 1951, to 3/13, 1951, that I last saw the deceased alive on 3-1, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE B. Shaughlin M.A.		23b. ADDRESS 1514 S. Jefferson St.		23c. DATE SIGNED 3/14/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-16-51		24c. NAME OF CEMETERY OR CREMATORY Mount Hope		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE RECD BY LOCAL HEALTH DEPT MAR 1 1951		REGISTRAR'S SIGNATURE J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE McBarghlin			
				ADDRESS 2301 Lafayette Ave			

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 _____

H. G. Harris

Signed.....
Student Embalmer

Licensed Embalmer No. 3384

P. O. Address Harris

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.