

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14526

State File No. _____

FILED APR 27 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1009** Registrar's No. **3511**

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|---|----------------------------------|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY | |
| b. CITY OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 67 yrs | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3539a Tennessee | | STREET ADDRESS (If rural, give location) 3539a Tennessee Avenue | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Diethelm b. (Middle) c. (Last) Naegeli | | | 4. DATE OF DEATH (Month) (Day) (Year) April 13, 1951 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Sept. 14, 1865 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months Days 5 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mirror Silverer Pullman Co. | | 10b. KIND OF BUSINESS OR INDUSTRY Pullman Co. | | 11. BIRTHPLACE (State or foreign country) Buelah, Switzerland | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Diethelm Naegeli | | 13b. MOTHER'S MAIDEN NAME Marie Schremli | |
| 14. NAME OF HUSBAND OR WIFE | | 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. | |
| 17. INFORMANT'S SIGNATURE OR NAME Mr. Robert Marty | | ADDRESS 3539 Tennessee Ave. | | | |

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|---|--|--|--|--|--|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bright's Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 2 years |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 446x | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |

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|---|--|--|--|---|--|
| 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) | |
| 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? 572x | |

22. I hereby certify that I attended the deceased from **March 19 49**, to **April 13 1951**, that I last saw the deceased alive on **April 12, 1951**, and that death occurred at **9:00 a.m.**, from the causes and on the date stated above.

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|---|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) Carl E. Moeller M.D. | | 23b. ADDRESS 3527 S. Jefferson | | 23c. DATE SIGNED Apr 13-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE April 16, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY St. Matthew Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | | | | |

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 4-15-51 | | REGISTRAR'S SIGNATURE J. B. Lester | | 25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave. | |
|--|--|--|--|--|--|

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

Dr. C. E. Moeller,
3537 So. Jefferson

1:00 - 3:00 P.M.

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.....
Student Embalmer

Signed

Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.