

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17984  
Registrar's No. 4659

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis City</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2039</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Frisco Employees Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>6618 Maurice</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>H.</u> c. (Last) <u>Diedrich</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 20 1893</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Henry Diedrich</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Annette LaChance</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or date of service) <u>World War</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>ANTOINETTE DIEDRICH</u> ADDRESS <u>6618 MAURICE</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		<u>12 hr</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Relvic Abscess</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Uretero-sigmoid Anastomosis</u>		<u>12 days</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Trans. Prostate Cell. Ca Bladder</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Evisceration following operation</u>		<u>6 wks</u> <u>13 days</u>	

19a. DATE OF OPERATION <u>5-3-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ca of Bladder (urinary)</u>	20. AUTOPSY? YES <input checked="" 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? <u>181X</u>

22. I hereby certify that I attended the deceased from 30 April, 1951, to 18 May, 1951, that I last saw the deceased alive on 17 May, 1951, and that death occurred at 6:59 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph E. P. Ryan M.D.</u> (Degree or title)	23b. ADDRESS <u>634 N. Grand St. Louis Mo</u>	23c. DATE SIGNED <u>5/19/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/21/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEM</u>	24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BRKS Mo</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAY 18 1951 J. B. Foster</u>	FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFFMEISTER</u> ADDRESS <u>6264 CHIFFWAST ST LOUIS MO</u>
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lina C Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S Broadway*.....

**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. ovc.**