

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42668

State File No.

FILED DEC 26 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3029 Registrar's No. 415

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>R. PINE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u>		c. (Last) <u>DIEMER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 12, 1951</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JUNE 22, 1868</u>		9. AGE (In years last birthday) <u>83</u> If under 1 year Month Day <u>6 30</u> If under 6 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>V</u>	
11. BIRTHPLACE (State or foreign country) <u>POTOSI Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>VALENTINE WEBER</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE LINK</u>	
14. NAME OF HUSBAND OR WIFE <u>JOSEPH DIEMER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>V</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. J. PHAYWENN BONNE TERRE Mo.</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease.</u> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS: <u>Fracture of upper left femur.</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Nursing home.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Flat River, St. Francois Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 23 1951</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fall</u>		22. I hereby certify that I attended the deceased from <u>11/8</u> , 19 <u>51</u> , to <u>12/12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12/11</u> , 19 <u>51</u> , and that death occurred at <u>2:55 Am.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>D Van W. Taylor</u>		23b. ADDRESS <u>33 N. Allen, Bonne Terre, Mo.</u>	
23c. DATE SIGNED <u>12-15-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>DEC. 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCOIS MEMORIAL</u>	
24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Benderlund Co. Bonne Terre Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 19, 1951</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 21 1951

RECEIVED

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 Clarence J. Haywell

Licensed Embalmer No. 3406

P. O. Address Bonn, Tenn 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.