No. 300
10.48

FILED FEB 21 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 7481

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1389

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**1. PLACE OF DEATH**
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS 2269

d. STREET ADDRESS (If rural, give location): 26 1411 Salisbury

**3. NAME OF DECEASED** (Type or Print)
a. (First): LOUISE
b. (Middle):
c. (Last): HILL DIELS

**4. DATE OF DEATH** (Month) (Day) (Year): FEBRUARY 4, 1953

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOW 1
**8. DATE OF BIRTH**: 3-2-1870
**9. AGE** (In years last birthday): 82 — 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): At Home
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (City and State or Foreign Country): Fayetteville Ill
**12. CITIZEN OF WHAT COUNTRY?**: —

**13a. FATHER'S NAME**: Wm Strohbeck
**13b. MOTHER'S MAIDEN NAME**: Not Known
**14. NAME OF HUSBAND OR WIFE**: Henry Diels

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Lovern Lehr 2922 N Kingshighway

**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): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Thrombosis
DUE TO (c): Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: Pneumoccic Lobar Pneumonia

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 4200

22. *I hereby certify that I attended the deceased from* 12-28-52, 19___, *to* 2-4-53, 19___, *that I last saw the deceased alive on* 2-4-53, 19___, *and that death occurred at* 11:40A, *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): James B. Strachan, Jr. MD
**23b. ADDRESS**: 1515 Lafayette Avenue
**23c. DATE SIGNED**: 2-4-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 2-7-53
**24c. NAME OF CEMETERY OR CREMATORY**
**24d. LOCATION** (City, town, or county) (State): Fayetteville Ill

**DATE REC'D BY LOCAL REG.**: FEB 5 1953
**REGISTRAR'S SIGNATURE**: J. Earl Smith, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Akron Lillo 2707 N Grand

(Licensed Embalmer's Statement on Reverse Side)

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 M W. Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis, 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.