

FILED JUN 26 1953

STANDARD CERTIFICATE OF DEATH

23287  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1587

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis County  
c. LENGTH OF STAY (In this place) D.O.A.  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY St. Louis  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsdale 4161  
d. STREET ADDRESS (If rural, give location) 6400 Leschen (Formerly)

3. NAME OF DECEASED  
a. (First) Otto b. (Middle) \_\_\_\_\_ c. (Last) Diebold  
4. DATE OF DEATH June 6, 1953

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Sep. 26, 1899 9. AGE (In years last birthday) 53 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) unknown 10b. KIND OF BUSINESS OR INDUSTRY unk 11. BIRTHPLACE (City and State or Foreign Country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Diebold 13b. MOTHER'S MAIDEN NAME Mary Green 14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give year or dates of service) W.W.T. 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME John Diebold ADDRESS 5259 Plover - St. Louis - Mo.

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Multiple fractures, loss of blood and shock- suffered when he was struck by a Wabash passenger train while he was lying between the rails on the Wabash right-of-way between Natural Bridge & No. Market  
ANTECEDENT CAUSES  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.R. Right of way 21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) 35 (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6/6/53 9:35 P. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Struck by Wabash passenger train.

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

22a. SIGNATURE Ernest J. Wilhelm (Degree or title) Coroner 22b. ADDRESS Clayton, Mo. 22c. DATE SIGNED 6/9/53

24a. BURIAL, CREMATION, REMOVAL Removal 24b. DATE 6-9-53 24c. NAME OF CEMETERY OR CREMATORY unk 24d. LOCATION (City, town, or county) (State) South Haven, Michigan

DATE REC'D BY LOCAL REG. 6-8-53 REGISTRAR'S SIGNATURE Herschel R. Domb 25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 6322 S. 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 David Van Fossen

Licensed Embalmer No. 4249

P. O. Address 6322 So

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.