

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29897**
Registrar's No. **7528**

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 2239			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2707 B. S. 10th			d. STREET ADDRESS (If rural, give location) 23 2707 B S. 10th ST.		
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) E.		c. (Last) DIEPENBROCK	
4. DATE OF DEATH (Month) (Day) (Year) JULY 31 1953		5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC. 23 1894		9. AGE (In years last birthday) 58	
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 (State or foreign country) INDIANA	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME GREENE GOODMAN		13b. MOTHER'S MAIDEN NAME MARTHA HUFF	
14. NAME OF HUSBAND OR WIFE WALTER DIEPENBROCK		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME WALTER DIEPENBROCK		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. ADDRESS 2707 S. 10th	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Heat Stroke	
				DUE TO (c)	
		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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR E 9310	

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 **523A** m., from the causes and on the date stated above. **22**

23a. SIGNATURE Daniel E. Taylor, Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED AUG 1 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG. 3 1953		24c. NAME OF CEMETERY OR CREMATORY NEW PICKER CEM.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS, Mo.		25. GENERAL DIRECTOR'S SIGNATURE Carl Smith		25. ADDRESS 2906 Beavon	
DATE REC'D BY LOCAL REG. AUG 3 1953		REGISTRAR'S SIGNATURE Thomas L. ...			

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 Samuel C. Bell

Licensed Embalmer No. 4347

P. O. Address 2906 Browns

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.