

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6917

STATE FILE NUMBER

FILED FEB 25 1957

Registration District No. 312 Primary Registration District No. 547 Registrar's No. 388

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkwood</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Imperial</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ozark Nursing Home</b>		Length of stay in lb- <b>3 yrs, 10 mo.</b>	d. STREET ADDRESS (If outside, give location) <b>Romaine Creek Road</b>
3. NAME OF DECEASED (Type or print) <b>Frank</b>		First Middle Last <b>Diehl</b>	4. DATE OF DEATH Month Day Year <b>February 10, 1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>January 7, 1893</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	9. AGE (In years last birthday) <b>64</b>
13. FATHER'S NAME <b>Wendell Diehl</b>		11. BIRTHPLACE (City and state or country) <b>Jefferson Co. Mo.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs. Ed. Westmann 97 Lemay Gardens Dr. Lemay,</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia, atypical bronchial</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Unknown</b>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Myocarditis, Chronic.</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>491X</b>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>1 Aug. 1956</b> to <b>2-10-57</b> and last saw <sup>him</sup> alive on <b>2-10-57</b> . Death occurred at <b>4 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Direct or title) <b>J. H. Barnett M.D.</b>		22b. ADDRESS <b>4929 Manchester Rd Kirkwood, LL, MO.</b>	22c. DATE SIGNED <b>2-11-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Feb. 13, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Fenton, Mo.</b>
24. FUNERAL DIRECTOR <b>C. Hoffmeister Mortuaries 7814 S. Broadway</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>2-11-57</b>
		26. REGISTRAR'S SIGNATURE <b>Herbert B. Donke M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms written on this certificate. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

9929 Manchester Rd.  
MO-1-1446  
230-530000

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.....  
Signature of Student Embalmer

Signed *Linus C. Hoffner*.....

Licensed Embalmer No. 38

P. O. Address 7814

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.