

FILED APR 22 1957

## STANDARD CERTIFICATE OF DEATH

14616

STATE FILE NUMBER

318

1003

2633

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY				a. STATE		b. COUNTY	
				Missouri		St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN	
ST. LOUIS, MO.				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		4346 University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in lb		d. STREET ADDRESS	
04 BARNES HOSPITAL				2 hrs. 9		271 7426 Gannon	
3. NAME OF DECEASED (Type or print)				First		Last	
LEON				J.		DIAMOND	
4. DATE OF DEATH				Month		Day	
				MARCH		17, 1957	
5. SEX		6. COLOR OR RACE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH	
Male		White		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		Aug. 3, 1903	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
53		Months		Days		Hours	
						Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
Merchant				Retail Drygoods		St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY?				USA			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Philip Diamond				Ida Schultz			
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.		17. INFORMANT	
No				None		Unknown	
				Mrs. Sara Diamond		7426 Gannon Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a)							CORONARY INFARCTION
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b)
ARTERIOSCLEROTIC HEART DISEASE							SEV. YRS.
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							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.)				
			4200				
20c. TIME OF INJURY			Hour				
a. m.			Month, Day, Year				
p. m.							
20d. INJURY OCCURRED			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					University City, Missouri		
21. I attended the deceased from JUNE 1, 1956 to MARCH 17, 1957 and last saw her alive on MAR. 17, 1957							
Death occurred at 3:44 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE				22b. ADDRESS		22c. DATE SIGNED	
C. D. Vermillion M.D.				BARNES HOSPITAL		3/17/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Removal		3/18/1957		Chesed Shel Emeth		University City, Missouri	
24. FUNERAL DIRECTOR				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
Berger Memorial 4715 McPherson				MAR 18 '57		C. D. Vermillion M.D.	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service

securing the medical certification in no specific manner required by law to make

St. Louis

Missouri

X

University City

X

X

2426 Grand

S. Mrs.

22

Aug. 3, 1903

X

White Male

USA

St. Louis, Missouri

Retail Dry Goods

Merchant

Ida Schultz

Philip Diamond

2426 Grand Ave. St. Louis, Missouri

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 *Lawrence J. DeLuca*  
.....

Licensed Embalmer No. *3988*

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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

UNIVERSITY CITY, MISSOURI

CHESSA STREET EMBL

3/18/1927

St. Louis

Berger, Embalmer, 712 1/2 Johnson