

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37348

STATE FILE NUMBER 9300

FILED OCT 28 1957

Registration District No. 318 Primary Registration District 1003 Registrar's No.

Health, Welfare Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN Mattese, 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hosp		Length of stay in lb 2 days	
3. NAME OF DECEASED (Type or print) Frank Diel, Sr.		4. DATE OF DEATH Oct. 5, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 24, 1868
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. KIND OF BUSINESS OR INDUSTRY Own Farm	9c. BIRTHPLACE (City and state or country) Mattese, Mo.
10. FATHER'S NAME Frank Diel,		11. MOTHER'S MAIDEN NAME Julia Kehrt,	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		13. SOCIAL SECURITY NO. ---	
14. FATHER'S NAME Frank Diel,		15. MOTHER'S MAIDEN NAME Julia Kehrt,	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		17. SOCIAL SECURITY NO. ---	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 330x		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT <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 10-3-57 to 10-5-57 and last saw her alive on 10-5-57 Death occurred at 10:15 P.M. 10-5-57 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James Sullivan M.D.		22b. ADDRESS 2314 Telegraph Rd.	
22c. DATE SIGNED 10-7-57		22d. ADDRESS ---	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/8/57	23c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery	23d. LOCATION (City, town, or county) (State) Mattese, Mo
24. FUNERAL DIRECTOR Fendler Und. Co., 7420 Michigan Ave.		25. DATE RECD. BY LOCAL REG. OCT 7 57	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. Sullivan
Telegraph, Pa.
4 to 6 - Mon.

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 *W. G. Peterson*

Licensed Embalmer No. *37*

P. O. Address *7/30 Me*

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.