URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 28 1960

-60-042562
STATE FILE NUMBER

NDED

Registration District No. 163 Primary Registration District No. 5594 Registrar's No. 126

DOCUMENT

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-MERAMEC
Length of stay in 1b 1 yr. 6 Mo. 26 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INFIRMARY
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN ST. LOUIS
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 4942 LANDSDOWNE (If outside, give location)
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First WALTER Middle Last DIEHL
4. DATE OF DEATH Month NOVEMBER Day 6 Year 1960
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 11/26/1895
9. AGE (last birthday) 64
IF UNDER 1 YEAR Months 11 Days 20 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTO MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY CHEVROLET MOTORS
11. BIRTHPLACE (City and state or country) ST. LOUIS
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME HENRY DIEHL
13b. MOTHER'S MAIDEN NAME KATIE FRITCHLER
14. NAME OF HUSBAND OR WIFE DOLLY MAY LESSEL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) ARMY
16. SOCIAL SECURITY NO. 489-09-1361
17. INFORMANT Brother CONRAD Address ST. JOSEPH'S HILL INF. EUREKA, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH 1½ hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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)
Post lobotomy syndrome.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from Sept 1959, to Nov. 6th 60 and last saw her/him alive on 11/3/60.
Death occurred at noon 11/6/60. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick C. Hogan (Degree or title) MD
22b. ADDRESS 2623 Telegraph Rd Lemay
22c. DATE SIGNED 11/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify) cremation
23b. DATE 11/10/1960
23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR John L Ziegenhein & Sons ADDRESS 7027 Gravois
25. DATE RECD. BY LOCAL REG. 11-10-60
26. REGISTRAR'S SIGNATURE Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1960

DEC 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 4863

P. O. Address [signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.