

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019730

AMENDED  Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1330 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

FILED MAY 22 1961

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood Length of stay in lb 3 1/2 wks  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louis  
c. CITY OR TOWN Sunset Hills Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 12432 Rott Rd. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First ELIZABETH Middle E. Last DIEHL 4. DATE OF DEATH Month May Day 10 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7-9-1909 9. AGE (last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph P. Franz 13b. MOTHER'S MAIDEN NAME Elizabeth Bubla 14. NAME OF HUSBAND OR WIFE John W. Diehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 17. INFORMANT Sunset Hills Address Mo. John W. Diehl 12432 Rott Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Adenocarcinoma of Sigmoid Colon  
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) \_\_\_\_\_  
PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown  
INTERVAL BETWEEN ONSET AND DEATH 1 Day

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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. p.m.

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 \_\_\_\_\_

21. I attended the deceased from January 61 to time of death and last saw her living alive on 9 May 61  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph C. Crust M.D. 22b. ADDRESS \_\_\_\_\_ 22c. DATE SIGNED 11 May 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE May 12, 1961 23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul 23d. LOCATION (City, town, or county) St. Louis, Mo. (State) \_\_\_\_\_

24. FUNERAL DIRECTOR Pfizinger Mort-Kirkwood 22, Mo. ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 5-11-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

**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 Bernard Hoffman

Licensed Embalmer No. 4366

P. O. Address Mount

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.