

318 Primary Registration District No. 1003 Registrar's No. 6623

AMENDED

Registration District No. FILED JUL 26 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b XXX	c. CITY OR TOWN WENTZVILLE, MISSOURI
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HARVEY Middle E. Last DIEKROEGER			4. DATE OF DEATH Month JULY Day 16 Year 1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/28/1899	9. AGE (last birthday) 62	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) LUMBER YARD OWNER		10b. KIND OF BUSINESS OR INDUSTRY LUMBER	11. BIRTHPLACE (City and state or country) WRIGHT CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME EMIL W. DIEKROEGER		13b. MOTHER'S MAIDEN NAME JULIA BLATTNER		14. NAME OF HUSBAND OR WIFE VERA DIEKROEGER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. ?	17. INFORMANT Address MRS. VERA DIEKROEGER WENTZVILLE, MISSOURI			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC LYMPHOSYTIC LEUKEMIA		INTERVAL BETWEEN ONSET AND DEATH 8 YRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	2040

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 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 5-1-61 to 7-16-61 and last saw ^{DE}him alive on 7-16-61
Death occurred at 3:05 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>C. O. Vermillion, M. D.</i>	(Degree or title) C. O. VERMILLION, M. D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 7-16-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 18, 1961	23c. NAME OF CEMETERY OR CREMATORY WRIGHT CITY CEMETERY	23d. LOCATION (City, town, or county) WRIGHT CITY MISSOURI
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24. FUNERAL DIRECTOR T. E. PITMAN FUNERAL HOME	25. DATE RECD. BY LOCAL REG. JUL 17 1961	26. REGISTRAR'S SIGNATURE <i>Loard Smith, M. D.</i>
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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 Carlton J. Peterson

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.