MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16080

JUN 2 1927

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No.

Township St Charles — Primary Registration District No. 3036 — Registered No. 69

City St Charles (No. 815, N. Benton St. 4 Ward)

2. FULL NAME Caroline Dieckmann

(a) Residence. No. 815 N. Benton St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Earnest Dieckmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19 — 1842

7. AGE: Years 85 — Months 0 — Days 16 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Capplin
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Louis Filling

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Seifher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT John Dieckmann
(Address) Capplin Mo

15. FILED 5-7 1927 Otto Buckemeyer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 — 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1927, to May 5 1927, that I last saw h. f. alive on May 5, 1927, and that death occurred, on the date stated above, at 1.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

77 9/12 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. H. Hoerdline, M. D

May 6, 1927 (Address) St Charles, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Capplin Mo — DATE OF BURIAL: May - 8 - 1927

20. UNDERTAKER: Steinbrinker Furn. Co — ADDRESS: St Charles Mo

Dr Hardin