157

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

Do not use this space.

~~28794~~

File No. 20596

Registered No. 157

1930

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.

1. PLACE OF DEATH

County St Louis — Registration District No. 1170

Township Richmond Hts — Primary Registration District No. 6248 H

City ..... (No. 1435, Silverton Pl. St. ..... Ward)

2. FULL NAME Francisca Dieckmann

(a) Residence. No. 1435 Silverton Pl. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Dieckmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 23 1838

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	91	9	7	

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) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Unknown Bauer

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT C. Clement
(Address) 1435 Silverton Pl. Richmond Hts

15. FILED 6/3, 1930 L. B. Jeffery REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1930

17. I HEREBY CERTIFY, That I attended deceased from age 15, 1915 to June 30, 1930, that I last saw h. alive on June 30, 1930, and that death occurred, on the date stated above, at 4:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchio-Pneumonia
IA & B Emphysema
OA S
99 (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) Senile Arteriosclerosis
(duration) 13 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? home
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? age etc
(Signed) Louis H. Behrens, M. D.
June 30, 1930 (Address) 102 No Broadway.

*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	DATE OF BURIAL
Valhalla Crematory	7-2 1930

20. UNDERTAKER	ADDRESS
Witt Bros. L. & U. Co. 2929	S. Jefferson Av.

111