

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

Do not use this space.

21371

**1. PLACE OF DEATH**

County St. Louis Registration District No. 7911  
Township Deloye Primary Registration District No. 1042  
City St. Louis (No. Deloye Hospital)

File No. 21371  
Registered No. 5154  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

HENRY H. DIECKHANS  
(a) Residence, No. 2170 Linton St. 9 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma Kaufman Dieckhans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 - 1878

7. AGE YEARS 55 MONTHS 4 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Henry Dieckhans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bermain

15. MAIDEN NAME Francis Schumacher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Alma Dieckhans 2170 Linton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabarrus DATE June 13 1933

19. UNDERTAKER (ADDRESS) Street + Cadrol 6000 N. 1st St

20. FILED 12 19 1933 J. J. Bredick Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/24, 1933, to 6/10, 1933

I last saw him alive on 6/9, 1933. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolus following proctectomy for hypertrophied prostate  
Date of onset 137

Other contributory causes of importance: 111A

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) R. H. Fitzgerald, M. D.

(Address) 1325 25 Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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