

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Charles Registration District No. 757  
 Township St. Charles Primary Registration District No. 3036  
 City St. Charles (No. 508 S. 4th St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2681

Registered No. 12

**2. FULL NAME**

(a) Residence, No. 508 S. 4th St. St. 1st Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Meta Luechan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26th, 1869</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>4</u>
	DAYS <u>24</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Car Mfg.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Feb. 1st, 1936</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles</u>		
FATHER	13. NAME <u>Heinrich Henry Dieckbernd</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Mary Catherine Freese</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Henry Dieckbernd</u> <u>508 S. 4th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. John's Cemetery</u> DATE <u>Jan. 23, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Haldeman-Bauer</u> <u>St. Charles Mo</u>		
20. FILED <u>1/23, 1936</u> <u>Charles G. Treasler</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1936, to Jan. 20, 1936  
 I last saw him alive on Jan 20, 1936 Death is said to have occurred on the date stated above, at 7:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Pneumo Pneumonia Date of onset 1/15/36  
Chronic Bronchitis ?  
 Other contributory causes of importance: \_\_\_\_\_ ?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external causes (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 \_\_\_\_\_ MI

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) J. M. Jupp M. D.  
 (Address) St. Charles, Mo.

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.

