FEB 11 1936

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

Do not use this space.

3555

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4109 N. Taylor St. ..... Ward)

File No. ..... Registered No. 796

2. FULL NAME Otto H. Dieckmann

(a) Residence, No. 4109 N. Taylor St., 10 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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 Catherine B. Dieckmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ass't Superintendent

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

10. Date deceased last worked at this occupation (month and year) 1/17/36

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Mo.

FATHER

13. NAME Wm. H. Dieckmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Mo.

MOTHER

15. MAIDEN NAME Wilhelmina Michel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Mo.

17. INFORMANT (ADDRESS) Mr. Emil H. Dieckmann 669 Marshall Ave., Webster Groves

18. BURIAL, CREMATION, OR REMOVAL

PLACE Zion Cemetery DATE Jan. 23, 1936

19. UNDERTAKER (ADDRESS) Wm. M. Schumacher 4834 Natural Bridge

20. FILED JAN 22 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 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 8:00A m.

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

Chr Myocarditis

Date of onset

93 C

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....

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

If so, specify .....

(Signed) A H Sewing, M. D.

(Address) 2342 St Louis Ave

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.