SEP 10 1937

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

29458
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 8091

1. PLACE OF DEATH
(a) County 2
(b) Township
(c) City St. Louis, Mo. 1
(d) Street No. 3821a Sullivan Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles A. Dieckmann
(a) Residence, No. 3821a Sullivan Ave. St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8th. 1867

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	8	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Grocer
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) Germany

FATHER
13. NAME Fred Dieckmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Lee Skiles
(ADDRESS) 3821a Sullivan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany DATE Aug. 28- 37

19. FUNERAL DIRECTOR Henry Leidner U. Co
(ADDRESS) 1417 N. Market St.

20. FILED AUG 28 1937, 19 J. L. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25th. 37

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1936, to Aug 25, 1937
I last saw him alive on Aug 19, 1937. Death is said to have occurred on the date stated above, at 2:50 m. PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Paralysis	Sudd
1340	

Other contributory causes of importance:
Chronic Myocarditis
Nephrolithiasis
Cholelithiasis

Name of operation Cutaneous Injection Date of
What test confirmed diagnosis? Path Lab + Clin 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

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Harry D. Meyer, M. D.
(Address) 4903 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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.

X12004

Pa Harry Dieper
4903 Edlmen -

STATEMENT BY LICENSED EMBALMER

I, John P. Buchholz, Licensed Embalmer No. 1674

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 1674 or by Registered Apprentice No.

working under my personal supervision.

Signed John P. Buchholz

Licensed Embalmer No. 1674

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)