JUL 2 1938 REC'D JUL 7 1938

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

22853
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis Registration District No. 784
(b) Township ~~Affton~~ Primary Registration District No. 200 Registered No. 1138
(c) City Afton (d) Street No. Vermont Road 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 Dina Diekmann 255
(a) Residence, No. Vermont Rd, Affton St.
(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: Female
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 (late) Julius Diekmann
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-4-1862
7. AGE: YEARS 76 MONTHS 5 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bay Mo 6

FATHER
13. NAME Bernard Grossheider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Anna Marie Combrink
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Wm. Kunne Vermont Rd. Affton

18. BURIAL, CREMATION, OR REMOVAL 34 PLACE Bethel Ch. Cem. DATE 7-3 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southern Und Co 6322 S. Grand

20. FILED JUL 2 1938 19 T. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to 6-30, 1938
I last saw her alive on June 30, 1938. Death is said to have occurred on the date stated above, at 11 45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	
Chr Parenchymatous Nephritis	2 years
General Arterial Sclerosis	
Senility	

Other contributory causes of importance: 31

Name of operation None Date of
What test confirmed diagnosis? Lab & Clinic 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) Herbert S. Langsdorf, M. D.
(Address) 3115 So. Grand

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr H. Sampson
3115 S Grand
3-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Frank Ludwig, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Ludwig

Licensed Embalmer No. 2504

P. O. Address St. Louis, Mo

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.)

If this body is not embalmed, above space should be left blank.