

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.

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

8497
Do not use this space.

REC'D APR 12 1939

**791
1003**

1. PLACE OF DEATH

(a) County 2 Registration District No. 1
 (b) Township St. Louis Primary Registration District No. 2262
 (c) City St. Louis (d) Street No. 5482 Loughborough 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

260 Margaret Dieker
 (a) Residence, No. 5482 Loughborough Ave. St. 2
 (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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
82 8 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germantown, Ill.

FATHER 13. NAME Anthony Schmitt

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

MOTHER 15. MAIDEN NAME Louisa Clacker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT (ADDRESS) Frank Dieker
5482 Loughborough

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE Mar. 10, 1939

19. FUNERAL DIRECTOR (ADDRESS) Wacker-Helderle
233 1/2 S. Broadway

20. FILED MAR 9 1939 J. D. Budek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to March 7, 1939.
 Last saw her alive on March 6, 1939. Death is said to have occurred on the date stated above, at 11:30 a. m.
 The principal cause of death and related causes of importance were as follows:

General metastatic carcinoma following carcinoma of "R" breast

Date of onset unknown

Other contributory causes of importance: Senility

Name of operation none Date of
 What test confirmed diagnosis? Physical exam. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) J. E. Senechal M. D.
 (Address) 230 1/2 S. Broadway

STATEMENT BY LICENSED EMBALMER

I, Frank J. Skeland Sr., Licensed Embalmer No. 2645

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Frank J. Skeland Sr.
Licensed Embalmer No. 2645

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.)