

REG'D AUG 11 1939 **791**
Registration District No. **1003**

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5111 Wells Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 years. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 6
(d) Street No. 5111 Wells Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Louise Dieckbernd 216
(b) If veteran, name war XXX (c) Social Security No. XXX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29
year 1939 hour 8 minute 15 P. M.

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 21, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 1935 to July 29, 1939
that I last saw her alive on July 27, 1939 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
59 11 8 hr. _____ min.

Immediate cause of death Chronic myocarditis 5 yrs.
Due to Permeated Anasarca 5 yrs.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation None

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business XX
12. Name Conrad Henry Dieckbernd
13. Birthplace XX Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Caroline Jaspering
15. Birthplace New Mala, Missouri
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature A. W. Brandes
(b) Address 5111 Wells Ave., St. Louis, Mo.

23. Signature Richard G. Green (M. D. or other)
Address 4500 Cedar St Date signed 7/31/39

17. (a) Burial (b) Date thereof Aug. 1, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Mrs. M. Schumacher
(b) Address 4834 Natural Bridge
19. (a) III 31 1939 (b) J. P. Brandes
(Date received local registrar)

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.

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.

20 30 10 1500 Oliver

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, or by.....

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

Signed Howard F Rowland

Licensed Embalmer No. 3114

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.