

939 Registration District No. 784 Primary Registration District No. 111

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 82
years, months or days)

3. (a) PRINT FULL NAME Fannie E. Diekenga
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 3 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 18 If less than one day hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation School Teacher

11. Industry or business _____
12. Name Eldert Diekenga
13. Birthplace St. Louis Holland
(City, town, or county) (State or foreign country)
14. Maiden name Aitje Buck
15. Birthplace Holland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles D. Diekenga
(b) Address 7053 Pershing
17. (a) Bellefontaine (b) Date thereof 10-23-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander Lamb
(b) Address 675 Delmar
19. (a) OCT 23 1939 (b) Chas. Meyer
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7053 Pershing Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 21
year 1939 hour 1055 minute _____ A. M.
21. I hereby certify that I attended the deceased from Oct 10, 1939
Oct 10, 1939, to Oct 21, 1939
that I last saw her alive on Oct 21, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death '
Uremic Poisoning
following fall
of neck of left femur
of neck of left femur surgical neck Oct 10, 1939
of neck of left femur surgical neck Oct 19, 1939
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 186 a
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Oct 10, 1939
(c) Where did injury occur? Pershing University City St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Slipped and fell in her home
(Specify type of place) (e) Means of injury fell on floor
23. Signature Leo P. Gerald (M. D. or other)
Address 6677 Delmar Blvd Date signed Oct 21, 1939

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 J. W. Deakley
Licensed Embalmer No. 3653
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.