No. 2
-10-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13197

Registrar's No. ~~3399~~

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: De Paul Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community About [illegible]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis,
(c) City or town University City, NR (If outside city or town limits write "RURAL")
(d) Street No. 7344 Pershing, (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FRANK E. DIEKNEITE. 253

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna K. Dieknеite.

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sep't 8, 1869. (Month) (Day) (Year)

8. AGE: Years 70. Months 7. Days 4. If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Dentist.

11. Industry or business

MOTHER FATHER
12. Name George Diekneite.
13. Birthplace (City, town, or county) Germany. (State or foreign country)
14. Maiden name Marie Diekneite.
15. Birthplace (City, town, or county) Germany. (State or foreign country)

16. (a) Informant Dr Frank E. Diekneite, Jr.
(b) Address 7446 Byron Place.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/1940. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar, Blvd.

19. (a) APR 15 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April - day 13th year 1940. - hour 9.45 minute A M.

21. I hereby certify that I attended the deceased from 1936, 19 to April 13, 1940 that I last saw him alive on April 13, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock	2 hrs
Due to Thrombosis Artery	3 yrs
Due to Arteria Sclerosis	3 yrs
Other conditions Hypertension (Include pregnancy within 3 months of death)	3 yrs

Major findings:
Of operations
Of autopsy 99a

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work (e) Means of injury

23. Signature [illegible] (M. D. or other) MD
Address [illegible] Maryland Date signed 4-13-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Oliver Abel Jr.
Lister Bldg.
Fo- XXXXX
FO# 8844
Hrs- 8:30 - 12A.M.

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 Don Muschany, Registered Apprentice No. 219 working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

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

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