

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

1 XUESH

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1958

State File No. _____

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 1015

1. PLACE OF DEATH:

(a) County St. Louis, Co.
 (b) City or town University City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Christian Old People's Home.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3
(Specify whether
 In this community 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, Co.
 (c) City or town University City
(If outside city or town limits, write "RURAL")
 (d) Street No. 6600 Washington Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
 year 1940 hour 7:30 minute _____ P. M.
 21. I hereby certify that I attended the deceased from December
 _____, 1938 to 5-25, 1940
 that I last saw him alive on 5-25, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Congestion
 Due to Cardiac failure
 Due to Arterioles nephrosclerosis with marked hypertrophy & dilatation of heart
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
 Of operations: 1/21
 Of autopsy: _____
 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? _____

While at work _____ (Specify type of place)
 Means of injury _____

23. Signature John H. Ahrens (M. D. or other) MD
 Address 6600 Washington Date signed 5/24/40

3. (a) PRINT FULL NAME Louis Dieckmann
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 30 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>8</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Hamburg Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Adolph T. Dieckmann
 13. Birthplace Hamburg Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Langanbaech
 15. Birthplace Kril Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. O. P. H. files

(b) Address 6600 Washington Ave

17. (a) Cremation (b) Date thereof May 28-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation No Crematory

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Ave

19. (a) MAY 27 1940 (b) W. R. Meyer
(Date received local registrar) (Registrar's signature)

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. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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.