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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30288

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7565

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: Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")

0 (d) Street No. 5531 Holly Hills Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ferdinand Jos. Diekmann

3. (b) If veteran, name war None

3. (c) Social Security No. 702-14-2036

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alvina Diekmann

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Sept. (Month) 2nd (Day) 1903 (Year)

8. AGE: Years 37 Months 0 Days 6 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Clerk 0

11. Industry or business Mo. Pacific R.R. 0

FATHER
12. Name Frank Diekmann
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Anna ~~Diekmann~~ LAMMERT
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant FAlvinaiDiekmann
(b) Address 5531 Holly Hills Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 9 1940 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1940 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 7/24/40, 19__, to 9/8/40, 19__; that I last saw him alive on 9/8/40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	7 days
Due to Hypertensive Cardio-Vascular Renal Disease	4 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 1

23. Signature Charles C. Drace Jr (M. D. or other) M.D.
Address 1755 So Grand Date signed 9/8/40

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin J. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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, fact should be so stated above.