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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 30752

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8029

**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:
2616 Natural Bridge Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Nil (Specify whether
In this community 44Years
years, months or days)

3. (a) PRINT FULL NAME William H. Diekman

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alma Diekman

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

7. Birth date of deceased Feb. 14, 1869
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 71 | 7 | 10 | hr. min. |

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

10. Usual occupation Painter

11. Industry or business Painting Trade

FATHER
12. Name Gerhardt Diekmann
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Fredericka Yunkel
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Herbert Diekman
(b) Address 2616 Nalural Bridge Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 27, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th. St.

19. (a) SEP 26 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2616 Natural Bridge Ave
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 24
year 1940 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 5-1940, 19 to Sept 24, 1940, that I last saw him alive on Sept 20, 1940, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary Thrombosis | 10 Min |
| Due to Arteriosclerosis General | 7 yrs |
| Due to Hypertension | 7 yrs |
| Chronic Nephritis | 7 yrs |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 [signature] (M. D. or other)
Address 2739 N Grand Date signed Sept 25-1940

(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 Alfred J. Bodeker

Licensed Embalmer No. 2663

P. O. Address 420 4 Prairie

**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.**