

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

39041
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 454
 (b) Township Middleton Primary Registration District No. 5620A Registered No. 10
 (c) City 2 (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Christopher Dieckhoff, Sr.

(a) Residence, No. Alma, Mo. RFD (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Anna Dieckhoff, WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1874.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 11 16
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farming
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Alma, (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Herman Dieckhoff,
 14. BIRTHPLACE (CITY OR TOWN) Hanover, (STATE OR COUNTRY) Germany.

MOTHER 15. MAIDEN NAME Marie Kievert,
 16. BIRTHPLACE (CITY OR TOWN) Ostnabrueck, (STATE OR COUNTRY) Germany.

17. INFORMANT Fred Dieckhoff, Jr. (ADDRESS) Marshall, Missouri.

18. BURIAL, CREMATION, OR REMOVAL Lutheran Cemetery PLACE Blackburn, Mo. DATE 12/10 1940

19. FUNERAL DIRECTOR (NAME) A. H. Bremer, (ADDRESS) Alma, Missouri.

20. FILED Dec 10 1940 ms Frank Mc Cleve Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8 1940

22. I HEREBY CERTIFY, That I attended deceased from June 22 1939, to Dec 7 1940
 I last saw him alive on Dec. 7 1940. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
pulmonary edema terminal
Arteriosclerosis generalized
 Date of onset Dec 7, 1940

Other contributory causes of importance: ?

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chinual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Jordan Kelling, M. D.
 (Address) Alma, Missouri

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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.

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JUL 2 1935

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,

A. H. BREMER,

or by

Registered Apprentice No., working under my personal supervision.

Signed

A. H. Bremer

Licensed Embalmer No. 2696.

P. O. Address Alma, Missouri.

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.