

FILED JAN 15 1941

Registration District No. 1104

Primary Registration District No. 5415

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Gerald, Missouri Boone Co.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 2

3. (a) PRINT FULL NAME Gustave F. Diekroeger

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 Elizabeth M. Diekroeger 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 11, 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Business solicitor of Canadian Pacific

12. Name Fredrick Diekroeger

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

14. Maiden name Charlotte Ahlert

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

16. (a) Informant C. Diekroeger

(b) Address 531 W Jewel Greenwood mo

17. (a) St. Louis, MO (b) Date thereof Dec 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Ernest H. Deltman

(b) Address Gerald Missouri

19. (a) 12/10/40 (b) Charles A. Schmidt
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Gerald, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 3 miles southwest
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1940 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Dec, 1938, to Dec 9, 1940
that I last saw him alive on Dec 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular
renal disease

Due to _____

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy NO

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? _____

23. Signature Charles A. Schmidt (M. D. or other) 1940
While at work _____ (Specify type of place) (e) Means of injury

*Address Gerald mo Date signed 12/10/40

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

Ernst P. Ottmann

Licensed Embalmer No. 4054

P. O. Address

Small 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.