S. No. 2
—1-4-41
5-17-39
PI X 8390

96
8
3

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

FILED JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19039

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 964

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 0

(c) City or town Clayton, Mo. RR#2 0
(If outside city or town limits, write "RURAL")

(d) Street No. Denny Rd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes name country

3. (a) PRINT FULL NAME Louis P. Dielmann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary K. Dielmann

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased December (Month) 12 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	4	24	hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Christan Dielmann
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Schiedt
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs Mary K. Dielmann
(b) Address Denny Rd Clayton, Mo. RR#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Cem.

18. (a) Signature of funeral director Louis H Bopp Inc.
(b) Address 131 W. Argonne Dr Kirkwood, Mo

19. (a) MAY - 8 1941 (Date received local registrar) (b) D.R. Meyer M.D. Dep. H. (Registrar's signature) A.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1941 hour 3:30 P.M. minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidently burned while burning weeds on own farm.

Due to 2nd & 3rd deg. burns of leg, perineum, scrotum, abdomen and

Due to back; atherosclerosis and acute pancreatitis; a small area

Other conditions of degeneration, pons, probably arteriosclerotic in origin.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

15/35

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 0 96

(b) Date of occurrence April 26, 1941

(c) Where did injury occur? R.R. #2 Clayton, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm
(Specify type of place)

While at work? (e) Means of injury Burns

23. Signature Louis H Bopp Coroner (M.D. or other)

Address Kirkwood, Mo. 5/7/41 Date signed

(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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo.

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, fact should be so stated above.