

FILED MAR 17 1942
Registration District No. **111**

Primary Registration District No. **111**

Registrar's No. **564**

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

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
(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. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4967 Lindenwood Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary A. Dieckmeyer**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Late Mathias Dieckmeyer** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 6th 1874**
(Month) (Day) (Year)

8. AGE: Years **67** Months **10** Days **3** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Thomas Ryan**

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

14. Maiden name **Mary Clancy**

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

16. (a) Informant **Helen M. Dieckmeyer**

(b) Address **4967 Lindenwood Ave.**

17. (a) **Burial** (b) Date thereof **3-12-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery
Kriegshauser Mortuary**

18. (a) Signature of funeral director _____
(b) Address **4228 So. Kingshighway Blvd.**

19. **MAR 11 1942** (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **9th**
year **1942** hour **3** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **1942** to **March 9 1942**
that I last saw him alive on **3-9** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**
Due to **Coronary Arteriosclerosis**

Other conditions **Arterio Sclerosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**
Of autopsy _____

Duration _____
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?

23. Signature _____ (Specify type of place) _____ (e) Means of injury _____
Address _____ (M. D. or other) _____
Date signed **3-10-42**

APR 3 1943
FBI

FEB 5 1943

12-2
Cullero Rddy

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 *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

P. O. Address.....

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.