S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22716

State File No.

AUG 6 1942 791

Registration District No. Primary Registration District No. 1003

Registrar's No. 6255

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:
4500 Washington Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4500 Washington Blvd.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura Dieckmann

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Hugo Dieckmann

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

7. Birth date of deceased February (Month) 3, (Day) 1869. (Year)

8. AGE: Years	Months	Days	If less than one day
73	5	20	hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Hubert Shilt
13. Birthplace -- (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Christine Shilt
15. Birthplace -- (City, town, or county) Germany (State or foreign country)

16. (a) Informant Rev. J. H. Overbeck
(b) Address 4500 Washington Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 4834 Natural Bridge.

19. (a) JUL 24 1942 (Date received local registrar) (b) J. F. Mueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
year 1942 hour 2:30 minute A.M. M.

21. I hereby certify that I attended the deceased from July 16, 1942 to July 23, 1942
that I last saw her alive on July 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal obstruction	1 wk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Ventral abdominal hernia.	

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 H. F. Bergman (M. D. or other) M.D.
Address 3730 Washington Date signed 7/23/42

244 (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 John A. Mlinar, Registered Apprentice No. ..... working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.