S. No. 2
DM—2-43
v. 5-17-39

26007

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 8 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1780

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Manchester Ave. II
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Homes 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community One Month, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cooper 27
(c) City or town Lone Elm, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catherine Dieck Catherine Dieck,
3. (b) If veteran, name war
3. (c) Social Security No. No card
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 23 (Day) 1862 (Year)
8. AGE: Years 81 Months 2 Days 8 If less than one day ~~[illegible]~~ hr. min.
9. Birthplace Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business none
FATHER
12. Name Martin Dieck
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Martin Dieck
(b) Address Bunceton, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG-3-1943 (Month) (Day) (Year)
(c) Place: burial or cremation LONE ELM CEM. COOPER, CO. Mo
18. (a) Signature of funeral director PARKER FUNERAL SERVICE
(b) Address BUNCETON, Mo
19. (a) AUG 4 1943 (Date received local registrar) (b) C. G. McIlwain M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 31 day 31st year 1943 hour 11:10 minute P. M.
21. I hereby certify that I attended the deceased from July 1, 1943, to July 31, 1943 that I last saw her alive on July 31, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic bronchopneumonia	
Due to	
Due to Hemiplegia - cerebral hemorrhage	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 8 3 M	

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 B. R. Loving O (M. D. or other) MD
Address Ballwin, Mo. Date signed 8-1-43

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

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(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 L. B. Barker

Licensed Embalmer No. 2547

P. O. Address Bunceton 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.