

FILED JAN 31 1945

Primary Registration District No. 1003

Registrar's No. 560

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:
3647 Upton St
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3647 Upton St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Charles A. Dieckmann

3. (b) If veteran, name war.
3. (c) Social Security No. 488-10-2500

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Frieda 6. (c) Age of husband or wife if alive. 61 years

7. Birth date of deceased August 20 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 4 28 hr. min.

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

10. Usual occupation Draftsman

11. Industry or business St. Louis Bank and Equipment Co

12. Name Louis Dieckmann

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

14. Maiden name Minnie Hammel

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

16. (a) Informant Meda Dieckmann

(b) Address 3647 Upton St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-1945
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenhein Bros

(b) Address 6409 Gravois Ave

19. (a) JAN 19 1945 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day January
year 1945 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 10th
1945 to Jan. 17, 1945
that I last saw him alive on Jan. 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic nephritis

Other conditions (Include pregnancy within 3 months of death) 1/21

Major findings: Of operations
Of autopsy

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? (c) Means of injury.
23. Signature Dr. Clever (M.D. or other)
Address 4245 Virginia Date signed 1/18/45

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

*Mr. Lester R.C.
4145 Virginia
Do-6609*

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..... *Homer H. Fritz*

Licensed Embalmer No. *3882*

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.