

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAR 4 1948 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 476

1. PLACE OF BIRTH:

(a) County St. Louis Co
 (b) City or town Clayton, Missouri
 (If outside city or town limits, write "RURAL" and name of town)
 (c) Name of hospital or institution:
St. Mary's 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 St. Louis (b) County _____
 (c) City or town Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2338 Tower Grove
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Aurelia C. Dieckhoener
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd
 year 1946 hour 9 minute 30 a.m.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Edward Dieckhoener
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 30, 1861
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
February 12, 1946 to February 22, 1946
 that I last saw her alive on February 22, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Heart Failure

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>2</u>	<u>23</u>	hr. min.

Duration 12 hrs.

Due to Bronchopneumonia 46 hr. 12 hrs.

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

Due to Carcinoma stomache and rectum.
Colostomy 18 yrs. ago.
 Other conditions _____
 (Include pregnancy within 5 months of death)

10. Usual occupation None

PHYSICIAN

Major findings:
 Of operations No.
 Of autopsy No.
 Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Wesley Jennings

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

14. Maiden name Unknown

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

16. (a) Informant Miss Linda Dieckhoener

(b) Address 2338 Tower Grove Ave.

17. (a) Burial (b) Date thereof 2-25-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) 2-25-46 (b) E. M. ...
 (Date received local registrar) (Registrar's signature)

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?

While at work _____ (Specify type of place)
 (e) Means of injury _____

23. Signature James P. ... (M. D. or other) M. D.
 Address 1014 University Club Bldg. Date signed 2/22/46

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

OCT 31 1946

DR. J.P. WADE,
MO THE BLDG
1 TO 4.

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.....

James Binkley

Licensed Embalmer No.....

3653

P. O. Address.....

St Louis 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.