V. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38174

Registration District No. 317 | Primary Registration District No. 3670 | Registrar's No. 3326

1. PLACE OF DEATH: ST. LOUIS
(a) County
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 18 Tulip Dr.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 18 Tulip Dr.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frances Dieckhaus
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late Leo
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 23 (Day) 1872 (Year)
8. AGE: Years 73 Months 10 Days 24 If less than one day hr. min.
9. Birthplace Washington (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name Martin Tiemann
13. Birthplace Washington (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Mary Bratenbach
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Walter Dieckhaus
(b) Address 122 Eldridge Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 20 46 (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter&Paul Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) 11-21-46 (Date received local registrar) (b) Ruth J. Clement (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1946 hour 4:12 minute P. M.
21. I hereby certify that I attended the deceased from 9-3-46 to 11-17 1946 and that I last saw her alive on 11-17 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 5 days
Due to
Due to
Other conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Earl C. Gerre (M. D. or other)
Address 4063 So. Grand Date signed 11/18/46

(Licensed Embalmer's Statement on Reverse Side)

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

36989

DEC 3 1946

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 Edwin A. McDermott

Licensed Embalmer No. 3024

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.