S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25469

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7317

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: Alexian Brothers Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17

(d) Street No. 3465 Montana St. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Theodore Diekemper

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Frances Diekemper

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August (Month) 19 (Day) 1885 (Year)

8. AGE: Years 61 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation Metal Smith

11. Industry or business

FATHER
12. Name Frank Diekemper
13. Birthplace St. Libory (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Margaret Rickelman
15. Birthplace St. Libory (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Frances Diekemper
(b) Address 3465 Montana St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1947. (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) AUG 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd year 1947 hour 5 minute 05 A. M.

21. I hereby certify that I attended the deceased from July 31 1947, 19, to Aug 2 1947, 19; that I last saw him alive on Aug 1, 1947, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	48 hrs
Due to: Arterio Sclerosis	
Due to	
Other conditions: Diabetes M. (Include pregnancy within 3 months of death)	3 mo

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 0

23. Signature Tipper Plumpe M.D. (M. D. or other)

Address 3933 S. Grand Date signed Aug 4 1947

(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 me, Registered Apprentice No. , working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.

P. O. Address St. Louis, 18, Missouri.

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.