

FILED OCT 18 1948 **318**
Registration District No.

Primary Registration District No. **1003**

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

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: St. Anthony Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community _____
years, months or days)

3: (a) PRINT FULL NAME Clara Dieker
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis H. 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Oct. 27 1895
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 5 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Eckrich
13. Birthplace St. Louis Missouri U
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Scherbel
15. Birthplace Unknown Germany Y
(City, town, or county) (State or foreign country)

16. (a) Informant Francis H. Dieker
(b) Address 5482 Loughborough

17. (a) Burial (b) Date thereof 10/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Welderle
3634 Gravois Ave.
(b) Address

19. (a) OCT 4 1948 (b) J. F. Bruesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 19
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5482 Loughborough
2 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1948 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from July 7 1948 to Oct. 2 1948
that I last saw her alive on Oct. 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor
Malignant glioma
Due to or other 54
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Malignant Brain tumor
Of operations None
Of autopsy None

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 None
(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? U

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. F. Bruesch (M. D. or other) MD
Address 3634 Gravois Date signed 10-2-48

S.H. Maizus

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 *Felix J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *3634 Garvais*

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.