

2721

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0633

633

S. No. 300
V. 10.48

FEB 2 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2099

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1
9. STREET ADDRESS (If rural, give location) 2154 East College Avenue

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) (DIECKHANS) c. (Last) BICKHANS
4. DATE OF DEATH (Month) (Day) (Year) JAN. 20, 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH March 13, 1883
9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical Worker
10b. KIND OF BUSINESS OR INDUSTRY Mallinckrodt Chem. St. Louis, Missouri
11. BIRTHPLACE (State or foreign country) U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herman Dieckhans, 13b. MOTHER'S MAIDEN NAME Frances Schumacher, 14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Mrs. Eliz. Roeseler, ADDRESS 2154 E. College

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction
ANTECEDENT CAUSES (b) Acute B.D. Hemorrhage
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 24 hrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1-19-52, 19____, to 1-20-52, 19____, that I last saw the deceased alive on 1-20-52, 19____, and that death occurred at 7:30P. m., from the causes and on the date stated above.

23a. SIGNATURE Joseph Efron (Degree or title) _____ 23b. ADDRESS 1515 Lafayette Avenue
23c. DATE SIGNED 1-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-23-52
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE _____ 25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock, ADDRESS 2117 E. Grand Blvd.

JAN 21 1952

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Frank A. Moore

Signed.....
Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.