

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11326

No. 300
10-48

REG # 100707
FILED MAR 22 1952

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 741

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY PULASKI	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DIXON	
c. LENGTH OF STAY (If in this place) 5 DAYS		d. STREET ADDRESS (If rural, give location) BOX 144	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) C.	
c. (Last) DIECKMEYER		4. DATE OF DEATH (Month) (Day) (Year) MARCH 18, 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-6-1888
9. AGE (In years) (Month) (Day) (Hours) (Min.) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ALBERT DIECKMEYER		13b. MOTHER'S MAIDEN NAME DOROTHY KRAMER	
14. NAME OF HUSBAND OR WIFE FRANCES DIECKMEYER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give date of discharge or service) YES PEACE TIME	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE FAILURE			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DUE TO (b) CORONARY THROMBOSIS.			
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3-13-52</u> , 19 <u>52</u> , to <u>3-18-52</u> , XXXXXX and that death occurred at <u>10:10P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE J. T. KAMINSKAAS		23b. ADDRESS 0. M.D. VET ADM HOSP, JEFF BRKS, MO.	
23c. DATE SIGNED 3-19-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar. 20, 1952	24c. NAME OF CEMETERY OR CREMATORY Dixon, Missouri	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 3-19-52	REGISTRAR'S SIGNATURE Herbert R. Dinke MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER, U&L COMPANY 7814 So. Bdwy.	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *Linus C. Hoffmann*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.