

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1955

38162
State File No.
9605
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis 12	
c. LENGTH OF STAY (in this place) 20 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence-1478 Laurel Avenue		e. STREET ADDRESS (If rural, give location) 1478 Laurel Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) FREDERICK	c. (Last) DIEKROEGER	4. DATE OF DEATH	(Month) 11	(Day) 3	(Year) 55
-------------------------------------	---------------------------	------------------------------	-----------------------------	------------------	-------------------	----------------	------------------

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 30, 1873	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY Beal-McNamara Painting Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	---

13a. FATHER'S NAME Frederick Diekroeger	13b. MOTHER'S MAIDEN NAME Charlotta Ahlert	14. NAME OF HUSBAND OR WIFE Amelia Morische Diekroeger
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. UNK	17. INFORMANT'S SIGNATURE OR NAME Dick Diekroeger	ADDRESS 405 East Adams
---	------------------------------------	--	-------------------------------

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

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) (Minute)	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 **Sept 9 1955**, to **NOV 2 1955**, that I last saw the deceased alive on **Nov 2**, 19**55**, and that death occurred at **2:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE F.R. Jannigan MD (Degree or title)	23b. ADDRESS 539 Humboldt Bldg.	23c. DATE SIGNED 11-4-55
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 11-5-55	24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. NOV 4 1955	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons	ADDRESS 7233 Delmar Blv'd.,
--	---	---	------------------------------------

(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 Student Embalmer No..... working under my personal supervision..

Student..... Signature of Student Embalmer

Signed *Clarence H. Mum*..... Licensed Embalmer No. *401*

P. O. Address *St. L.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.