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0.48

FILED MAY 24 1956

STANDARD CERTIFICATE OF DEATH

State File No. 19036

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1210

1. PLACE OF DEATH a. COUNTY St. Louis St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Ferguson		c. CITY OR TOWN Ferguson 4109	
c. LENGTH OF STAY (in this place) 17 yrs		d. STREET ADDRESS (If rural, give location) 102 Royal	
d. FULL NAME OF HOSPITAL OR INSTITUTION 102 Royal			

3. NAME OF DECEASED (Type or Print) a. (First) RALPH b. (Middle) WILLIAM c. (Last) DIECKMANN			4. DATE OF DEATH (Month) (Day) (Year) May 12, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 22, 1911		9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Industrial Engineer	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		10b. KIND OF BUSINESS OR INDUSTRY Int. Shoe Co.	

13a. FATHER'S NAME Otto Dieckmann		13b. MOTHER'S MAIDEN NAME Catherine Belle Meyer		14. NAME OF HUSBAND OR WIFE Mildred Lee Dieckmann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-03-1040		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Dieckmann, 102 Royal	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i>		
	DUE TO (c) <i>Angina Pectoris</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 *Jan 19 22* to *May 12, 1956*, that I last saw the deceased alive on *May 12, 1956*, and that death occurred at *5:30* p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Henry L. Pate</i> (Degree or title) <i>MD</i>		23b. ADDRESS <i>401 Washington</i>		23c. DATE SIGNED <i>5/11/56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-15-56		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WHITE CHAPEL, FERGUSON, MISSOURI			
DATE REC'D BY LOCAL REG. 5-15-56		REGISTRAR'S SIGNATURE <i>Hubert R. Dombrowski</i>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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
Student Embalmer

Signed Eleana Province

Licensed Embalmer No. 3403

P. O. Address Jennings M

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.