

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21758

State File No. 5412

FILED JUN 20 1956

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 <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New Faith Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>824 Canaan Avenue 15</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>G.</u> c. (Last) <u>Dieckmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 19, 1882</u>
9. AGE (In years last birthday) Months Days Hours Min. <u>73 yrs</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Theiling-Lothman</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry Dieckmann</u>	
13b. MOTHER'S MAIDEN NAME <u>Henrietta Kessler</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Arthur L. Dieckmann</u>		ADDRESS <u>505 1/2 Thrush Ave. 20</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Descending colon & liver.</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153x</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>3 years</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION <u>operation shows carcinoma of liver and bands</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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.) <u>7-7-1956</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>7-7-1956</u> to <u>6-3-1956</u> , that I last saw the deceased alive on <u>6-5-1956</u> , and that death occurred at <u>10:30P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. F. Miller</u>		23b. ADDRESS <u>M O 8410 N. Broadway</u>	
23c. DATE SIGNED <u>6-5-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>June 6, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>		25. FURNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz</u>	
DATE REC'D BY LOCAL REG. <u>JUN 6 1956</u>		ADDRESS <u>4828 Nat'l. Bridge, 15</u>	

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.....

John A. Minar

Licensed Embalmer No. *418*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.