

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

2619

1. PLACE OF DEATH

County St. Charles Registration District No. 157
 Township St. Charles Primary Registration District No. 3036
 City St. Charles (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 5
 St. _____ Ward _____

2. FULL NAME

Mary Dieckmann
 (a) Residence. No. 723 Clay St., 1st Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U.S., if of foreign birth? Born in Germany
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8th - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 69 4 4

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Organist
 (c) Name of employer None at this time

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Conrad Dieckmann
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Catherine Niggel
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Leoszek Sisters, Home

15. FILED 1/12 1931 Ag. B. Dieckmann REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12th, 1931
 17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1931, to Jan 12th, 1931, that I last saw her, alive on Jan 12th, 1931 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza complicated with Bronchitis and endocarditis
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Endocarditis
Myocarditis (duration) _____ yrs. _____ mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Germany
 AND AN OPERATION PRECEDE DEATH, _____ DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) J. P. Munkes M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Jan 14th 1931
 20. UNDERTAKER Aug. Brockland, U.C. ADDRESS 1427 N. 9th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 1 1937

