

REC'D JUN 9 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

16418

Do not use this space.

4279

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. ....  
 (c) City St. Louis. (d) Street No. 4738a Nebraska Ave. St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Herman F. Dieckmeyer 256  
 (a) Residence, No. 4738a Nebraska Ave. St. 15 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
59 8 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Beer Bottler  
 9. Industry or business in which work was done, as saw mill, bank, etc. Acheuser-Busch  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) MO.13. NAME Fred Dieckmeyer14. BIRTHPLACE (CITY OR TOWN) Germany. (STATE OR COUNTRY)15. MAIDEN NAME Augusta Kiess16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)17. INFORMANT Marguerite Dieckmeyer (ADDRESS) 4738a Nebraska Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pl. DATE May 11, 193819. FUNERAL DIRECTOR J. H. Hebbert and Co. (ADDRESS) 2842 Lleramec St.20. FILED May 10 1938 J. F. Dieck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1938 1938

22. I HEREBY CERTIFY, that I attended deceased from Feb 10 1938 to May 8 1938  
 I last saw him alive on May 8 1938 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Name of operation none Date of .....  
 What test confirmed diagnosis? specimen Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? none Date of injury....., 19.....  
 Where did injury occur? home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury home  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify no  
 (Signed) J. H. Hebbert M. D.  
 (Address) 2842 Lleramec St.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

**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.)**