

REC'D FEB 28 1939

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

4214

Do not use this space.

1. PLACE OF DEATH

(a) County WARREN Registration District No. 881
 (b) Township CAMP BRANCH Primary Registration District No. 6173 Registered No. 3
 (c) City..... (d) Street No..... 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 JULIA ANN DIECKMEYER

(a) Residence, No. St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~MARRIED~~ (OR) WIFE OF Herman Dieckmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 28, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 11 6

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near WARRENTON, MO.13. NAME William Crouch14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DANVILLE, MO.15. MAIDEN NAME Lucy Durham16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Geo. E. Crouch
Warrenton, Mo. R.T.O.18. BURIAL, CREMATION, OR DISPOSAL PLACE Warrenton, Mo. DATE Jan. 6, 193919. FUNERAL DIRECTOR (ADDRESS) F.W. Nieburg & Son
Warrenton, Mo.20. FILED Jan. 6, 1939 A. W. Gehring
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12.12., 1936, to 1-4, 1939
 I last saw her alive on 1-4, 1939. Death is said to have occurred on the date stated above, at 11 a. m.

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

CEREBRAL THROMBOSIS

Date of onset

12.31.38

Other contributory causes of importance:
Chr. Myocardial Degeneration ?
Chr. Hypertension ?

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

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

Manner of injury.....

Nature of injury.....

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

If so, specify..... (Signed) A. W. Gehring, M. D.(Address) Warrenton, Mo.

STATEMENT BY LICENSED EMBALMER

I, John F. Meburg, Licensed Embalmer No. 3897
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.
Signed John F. Meburg
Licensed Embalmer No. 3897

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.)