

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

**6916**  
 Do not use this space.

REC'D MAR 9 1939

**1. PLACE OF DEATH**

(a) County JEFFERSON 3  
 (b) Township MERAMEC 1  
 (c) City .....  
 (d) Street No. ST. JOSEPH'S HILL INFIRMARY 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 2 yrs. 4 mos. 4 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** ROBERT EMMETT DIECKMANN

(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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF MARY MC VAY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/25/1870

7. AGE YEARS 68 MONTHS 7 DAYS 20 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED  
 9. Industry or business in which work was done, as saw mill, bank, etc. PLUMBER  
 10. Date deceased last worked at this occupation (month and year) .....  
 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS, MO.  
 (STATE OR COUNTRY)

13. NAME FERDINAND DIECKMANN 1

14. BIRTHPLACE (CITY OR TOWN) GERMANY  
 (STATE OR COUNTRY)

15. MAIDEN NAME BARBARA GLASER

16. BIRTHPLACE (CITY OR TOWN) ST. LOUIS, MO.  
 (STATE OR COUNTRY)

17. INFORMANT ST. JOSEPH'S HILL INFIRMARY  
 (ADDRESS) Another Bereavement

18. BURIAL, CREMATION, OR REMOVAL St. Peter & Paul P.C.M.  
 PLACE St. Louis, Mo. DATE 18 Feb 1939

19. FUNERAL DIRECTOR (NAME) J. J. Gebken & Co.  
 (ADDRESS) 2842 Meramec St.

20. FILED 2/15/39 James G. Donovan Local Registrar. 3810 (Address) Beverly, Mo.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1939, to Feb 15 1939  
 I last saw him alive on Feb 15 1939. Death is said to have occurred on the date stated above, at 4 P. m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset  
Broncho-pneumonia  
 Other contributory causes of importance: 107W

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? NO

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 or injury in any way related to occupation of deceased? .....  
 If so, specify Jesse S. Sargent, M. D.  
 (Signed) Jesse S. Sargent, M. D.

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

**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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Herman A. Gebken* .....

Licensed Embalmer No. *2120* .....

P. O. Address *St. Louis, Mo.* .....

**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, above space should be left blank.**