

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days  
(Specify whether in this community years, months or days)

**3. (a) PRINT FULL NAME** JOHN DIECKMAN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 28, 1881  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
58	2	9	hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

**MOTHER, FATHER**

12. Name Frank H. Dieckman

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Sanders

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant George Dieckman

(b) Address 3600 N. 22 Str

17. (a) Burial (b) Date thereof 3/11/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director M. W. Stock

(b) Address 2117 E. Grand Blvd.

19. (a) MAR 9 1940 (b) [Signature]  
(Date received local registrar) (Signature of registrar)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 20  
(If outside city or town limits, write "RURAL")

(d) Street No. 3600 N. 22 Str  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar. day 7  
year 1940 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from Feb. 23, 1940 to March 7, 1940

that I last saw him alive on March 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction with infarcted subendocardium

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions MI  
(include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Lung of lung of cortex right adrenal

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature O. E. Lysak (M. D. or other) MD

Address 4218 N. Grand Blvd Date signed 3-8-40

Duration Admission

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Dr. O. E. Tyofrat  
4218 N. Grand  
Cent 6825

2-4  
6-8

**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

*Frank A. Moore*

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.