

FILED AUG 8 1948 317
Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 1753

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town LEMAI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MT ST ROSE SANITARIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS
In this community 11 MONTHS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS
(c) City or town RICHMOND HTS MO
(If outside city or town limits, write "RURAL")
(d) Street No. 1216 WOODLAND-DR.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME LEO-MATHIAS DIECKMEYER

3. (b) If veteran, name war NO 3. (c) Social Security No. 487-20-6543

4. Sex M 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELMIRA DIECKMEYER 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased JUNE 27 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 1 1 10 hr. 30 min.

9. Birthplace ST LOUIS MO
(City, town, or country) (State or foreign country)

10. Usual occupation STRUCTURAL ENGINEER

11. Industry or business CHRISTOPHER ENGINEERING

12. Name MATHIAS J DIECKMEYER

13. Birthplace ST LOUIS MO
(City, town, or country) (State or foreign country)

14. Maiden name MARY AGNES RYAN

15. Birthplace ST LOUIS MO
(City, town, or country) (State or foreign country)

16. (a) Informant Elmira Dieckmeyer

(b) Address 1216 WOODLAND AVE

17. (a) BURIAL (b) Date thereof AUG 2 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director Walter Bockman

(b) Address 6536 Clayton Rd

19. (a) AUG 31 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1948 hour 1030 minute 4 M.

21. I hereby certify that I attended the deceased from July 5 to July 29 1948
that I last saw him alive on July 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Pulmonary
Due to acute pulmonary

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy no
1361

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 _____
Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 7-30

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

600

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..... *J. Allen Davis Jr.*
Licensed Embalmer No..... *4053*
P. O. Address..... *City*

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, fact should be so stated above.