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M-8-13  
v. 5-17-39  
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26173

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 25 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7198

1. PLACE OF DEATH:

(a) County S  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Wks.  
(Specify whether  
In this community Life.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 176  
(d) Street No. 1831 Cass Ave.  
(If rural, give location) 926  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME William Joseph Dieckneite

3. (b) If veteran, name war No. 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Evelyn Boundy 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec. 3 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 8 12 hr. min.

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

10. Usual occupation Printer  
11. Industry or business Warwick Typographer

12. Name Joseph Dieckneite  
13. Birthplace ? U.S.  
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Wise  
15. Birthplace ? U.S.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Evelyn Dieckneite  
(b) Address 1831 Cass Ave.

17. (a) Burial (b) Date thereof Aug. 18 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Andrew J. ...  
(b) Address 936 St. Louis Ave.

19. (a) Aug 10 1944 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15<sup>th</sup>  
year 1944 hour 9 minute 15 P M.  
21. I hereby certify that I attended the deceased from August 4<sup>th</sup> 19 44 to August 15 19 44  
that I last saw him alive on August 15 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis  
Due to Carcinoma of recto-sigmoid 17 mo.

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

Major findings: Of operations Carcinoma of recto-sigmoid  
Of autopsy Hb

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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_  
23. Signature Jack Gelford (M. D. or other) \_\_\_\_\_  
Address 716 S. Washington Date signed 8/16/44

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

MOTHER FATHER

2001 01 14

**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..... *Delia J. Krupin* .....  
Licensed Embalmer No..... *3497* .....  
P. O. Address..... *1936 St. Louis* .....

**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.**