S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1947

Registration District No. 116

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17032

Primary Registration District No. 2020

Registrar's No. 82

1. PLACE OF DEATH:

(a) County: Franklin

(b) City or town: Washington
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Warren

(c) City or town: Dutzow
(If outside city or town limits, write "RURAL")

(d) Street No.:
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Robert George Dieckhaus

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: Married

6. (b) Name of husband or wife: Hedwig Dieckhaus

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: January (Month) 22 (Day) 1882 (Year)

8. AGE: Years 65 | Months 4 | Days 6 | If less than one day: hr. min.

9. Birthplace: Dutzow (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business:

FATHER

12. Name: Valentine Dieckhaus

13. Birthplace: Dutzow (City, town, or county) Missouri (State or foreign country)

MOTHER

14. Maiden name: Caroline Siepen

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

16. (a) Informant: Alice Dieckhaus

(b) Address: Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 30-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Dutzow, Missouri

18. (a) Signature of funeral director: Fred W. Lichtenberg

(b) Address: Marthasville, Missouri

19. (a) MAY 29 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 28 year: 1947 hour: 1 minute: A. M.

21. I hereby certify that I attended the deceased from: May 1, 1947, to: May 28, 1947; that I last saw him alive on: May 27, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute coronary thrombosis	1 day
Due to: Myocarditis with coronary artery disease	5 yrs
Due to: Essential Hypertension	10 years
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Herbert H. Schmidt (M. D. or other) MD

Address: Marthasville, Mo. Date signed: 5-29-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 4 1947

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. Fred. W. Lichtenberg

Licensed Embalmer No. 1321

P. O. Address. Marthasville, 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, fact should be so stated above.