

FILED JAN 29 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2606**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **343**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Saint Louis, Mo.</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Saint Louis</b>                          |  |
| c. LENGTH OF STAY (in this place)   |  | d. STREET ADDRESS (If rural, give location)<br><b>4638 Steinlage Drive.</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4638 Steinlage Drive</b>                                     |  |   |  |

|                                     |                         |                       |                             |   |
|-------------------------------------|-------------------------|-----------------------|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Henry</b> | b. (Middle) <b>G.</b> | c. (Last) <b>Dieckmeyer</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Jan. 10th, 1949</b> |
|-------------------------------------|-------------------------|-----------------------|-----------------------------|---|

|                    |                               |   |   |   |                                 |                                 |                       |
|--------------------|-------------------------------|---|---|---|---------------------------------|---------------------------------|-----------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Sept. 9th, 1887</b> | 9. AGE (In years last birthday) <b>61</b> | IF UNDER 1 YEAR Months <b>4</b> | IF UNDER 24 HRS. Hours <b>1</b> | IF UNDER 1 MIN. Mins. |
|--------------------|-------------------------------|---|---|---|---------------------------------|---------------------------------|-----------------------|

|   |  |   |   |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Printer</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Prompt Prtg. Co. (Owner)</b> | 11. BIRTHPLACE (State or foreign country)<br><b>Saint Louis, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b> |
|---|--|---|---|

|                                      |   |  |
|--------------------------------------|---|--|
| 13a. FATHER'S NAME<br><b>Unknown</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Hilda Dieckmeyer</b> |
|--------------------------------------|---|--|

|  |                         |  |
|--|-------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Hilda Dieckmeyer, 4638 Steinlage Drive</b> |
|--|-------------------------|--|

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|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b>  |  | <b>7 hrs</b>                     |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Labor pneumonia</b> |  | <b>10 days</b>                   |
| DUE TO (c)  |  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>108 10A</b>   |  |  |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from **1-1-1949** to **1-10-1949**, that I last saw the deceased alive on **1-10-1949** and that death occurred at **4:50 p.m.**, from the causes and on the date stated above.

|   |   |                                    |
|---|---|------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><b>J. E. Morrison</b> | 23b. ADDRESS<br><b>4110 W. Flamingo Ave</b> | 23c. DATE SIGNED<br><b>1-12-49</b> |
|---|---|------------------------------------|

|  |                             |   |  |
|--|-----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>1-13-49</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Saint Johns Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b> |
|--|-----------------------------|---|--|

|  |   |
|--|---|
| DATE RECD BY LOCAL REGISTRAR'S SIGNATURE<br><b>J. B. Rasater</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Calvin. F. Feutz, 4828 Nat'l. Bridge Bl.</b> |
|--|---|

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

Go. 8824

or at his home

~~4645 Steinlage Drive~~

~~Mt 9722~~

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John A. Merian*

Licensed Embalmer No. *4686*

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, fact should be so stated above.