

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29135**

BIRTH NO. _____ REG. DIST. NO. **308** PRIMARY REG. DIST. NO. **4454** Registrar's No. **16**

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| 1. PLACE OF DEATH a. COUNTY St. Charles 0920 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Charles 0920 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Augusta Mo | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Augusta Mo | |
| c. LENGTH OF STAY (In this place) life | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) HUGO H DIECKMANN | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug 28-1952 | | |
| 5. SEX M | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2 | 8. DATE OF BIRTH Nov. 27-1877 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Month Day Hours Min. 9 17 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY T.R. Sank Co | 11. BIRTHPLACE (City and State or Foreign Country) Augusta Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Jahm H. Dieckman | 13b. MOTHER'S MAIDEN NAME Beindick | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 488-09-8184 | 17. INFORMANT'S SIGNATURE OR NAME Jahm Dieckman ADDRESS St. Charles Mo |
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| 18. NO OF DEATH Enter only one cause per line for (a), (b), and (c) *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 immediate |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **Aug 28 1952**, to **Aug 29 1952**, that I last saw the deceased alive on **Aug 28, 1952**, and that death occurred at **8-9 a.m.**, from the causes **as** on the date stated above.

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| 23a. SIGNATURE (Degree or title) H. Hayes D.O. | 23b. ADDRESS Augusta, Mo | 23c. DATE SIGNED Aug 30, 1952 |
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|---|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) buried | 24b. DATE Aug. 31-52 | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | 24d. LOCATION (City, town, or county) (State) Augusta Mo |
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| DATE REC'D BY LOCAL REG. Aug 30, 1952 | REGISTRAR'S SIGNATURE Mrs Viola Felts | 25. FUNERAL DIRECTOR'S SIGNATURE Old Sleeping ADDRESS Augusta Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 16 1952

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

Olie Shiering

Licensed Embalmer No. 3759

P. O. Address Augusta 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.