

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 37136
9753
Registrar's No.

FILED OCT 23 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 M. & 21</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY INFIRMARY HOSPITAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2189</u>	
		d. STREET ADDRESS (If rural, give location) <u>18 4026a Chouteau Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>J.</u> c. (Last) <u>DIECKMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10/ 10 1953</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>March 11, 1897</u>	
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Kind of work done during most of working life) <u>Clerk</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Dieckmann</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Koettler</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard Dieckmann</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. ADDRESS <u>4106 Westminster</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compression Fracture Cervical vertebrae with spinal cord compression</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 to 12 mos.</u>	
ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
DUE TO (c) <u>Multiple decubitus ulcers and sepsis</u>			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>Apparently accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home of deceased</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 14 52</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>"Fainted" - fell down stairs 21</u>		E962X	
22. I hereby certify that I attended the deceased from <u>Aug. 19, 1953, to Oct. 10, 1953</u> , and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Gina Esker, M.D.</u>		23b. ADDRESS <u>5600 Arsenal St.</u>	
23c. DATE SIGNED <u>10/11/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-15-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 13 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	
REGISTRAR'S SIGNATURE <u>J. Cash Smith</u>		ADDRESS <u>4700 Washington Blvd</u>	

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

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

Robert M. Murray

Licensed Embalmer No. 374

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.