

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

**804**

State File No. ....

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 23

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <i>Franklin</i>		a. STATE <i>Missouri</i> COUNTY <i>St. Charles</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Washington Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Matson Mo. 0920</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Francis Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <i>OTTO H. DIECKMANN</i>			b. (Middle)		
c. (Last)			2-6-54		
<b>5. SEX</b> <i>M.</i>	<b>6. COLOR OR RACE</b> <i>White</i>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <i>married</i>	<b>8. DATE OF BIRTH</b> <i>Feb. 11-1882</i>		<b>9. AGE</b> (In years last birthday) <i>71</i>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>Station Master</i>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <i>M. K. &amp; T. R. R.</i>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <i>Matson Mo</i>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <i>U.S.A.</i>		<b>13a. FATHER'S NAME</b> <i>Henry Dieckman</i>		<b>13b. MOTHER'S MAIDEN NAME</b> <i>Beindick</i>	
<b>14. NAME OF HUSBAND OR WIFE</b> <i>Amelia Dieckman</i>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <i>no</i>		<b>16. SOCIAL SECURITY NO.</b> <i>no</i>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <i>Amelia Dieckman</i>		<b>17. ADDRESS</b> <i>Matson Mo</i>			

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Carcinoma of Prostate Gland</i>		<b>PRECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		<i>2 yrs</i>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <i>Metastases in spinal column, bladder &amp; Prostate</i>				<i>3 mos.</i>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<i>177X</i>					

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from July 26, 1952, to June 5, 1954, that I last saw the deceased alive on Feb 5, 1954, and that death occurred at 2:40 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>H. H. Dieckman M.D.</i>		<b>23b. ADDRESS</b> <i>Mad &amp; Elm Washington Mo</i>		<b>23c. DATE SIGNED</b> <i>2-6-54</i>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <i>Burial</i>		<b>24b. DATE</b> <i>2-8-54</i>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <i>Hiram Cemetery</i>	
<b>24d. LOCATION</b> (City, town, or county) (State) <i>St. Louis Mo</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Olie Thieling</i>		<b>ADDRESS</b> <i>Augusta Mo</i>	
<b>DATE REC'D BY LOCAL REG.</b> <i>2/6/54</i>		<b>REGISTRAR'S SIGNATURE</b> <i>H. H. Dieckman</i>		<b>25. ADDRESS</b> <i>99-0</i>	

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

No. 300  
10-48

MAR 25 1957

APR 15 1957

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 Harold Kessler

Licensed Embalmer No. 4631

P. O. Address Westville, Ga

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.