

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045579

1003

STATE FILE NUMBER

12499

FILED JAN 14 1959

Registration District No.

318

Primary Registration District No.

Registrar's No.

300 0
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Ferdinand Twp 4000 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FAITH HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2270 Redman Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle H. Last DIECKMANN			4. DATE OF DEATH Month December Day 24th Year 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 29th, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm hand		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) St. Louis Co., Mo
13a. FATHER'S NAME Henry J. Dieckmann		13b. MOTHER'S MAIDEN NAME Anna Kamphaus	14. NAME OF HUSBAND OR WIFE none
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.	17. INFORMANT Address Fred Dieckmann, 2270 Redman
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis 1 yr DUE TO (b) Chronic nephritis 10 yr DUE TO (c) Diabetes Mellitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Phlebitis both legs			INTERVAL BETWEEN ONSET AND DEATH 10 yr
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none 260x	
20c. TIME OF INJURY Hour Month, Day, Year o.m. p.m.		none	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1929 to Dec 24, 58 and last saw her/him alive on Dec 24, 58 Death occurred at 300a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. J. Miller M.D.		22b. ADDRESS 8410 N. Broadway	22c. DATE SIGNED 12-26-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12/27/58	23c. NAME OF CEMETERY OR CREMATORY Salem Ev. Lutheran Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo
24. FUNERAL DIRECTOR ADDRESS DIEDRICH FUNERAL HOME, 8319 Hallsferry		25. DATE RECD. BY LOCAL REG. DEC 26 '58	REGISTRAR'S SIGNATURE Carl Smith MD mjs

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

x St. Louis St. Louis
 x number 0220 name
 December 1928
 H. H. H. H.
 x January 1928
 St. Louis Co. Mo.
 none Anna Kephrens
 Fred Kephrens, 2220 Hedman
 on

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
 Signature of Student Embalmer

Signed *John J. Desmet*
 Licensed Embalmer No. 9194
 P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. 12/27/28
 If this body is not embalmed, fact should be so stated above.

Voucher No. ...