

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

14185

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis Mo*

Registration District No.....
Primary Registration District No.....

File No.....
Registered No. **3519**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *1317 Allen Ave* St. *23* Ward.....
(Usual place of abode)

George B. Dierker *Dierker*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 31 - 1869*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<i>69</i>	<i>2</i>	<i>8</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Cooper 95*
(b) General nature of industry, business, or establishment in which employed (or employer) *Schroeder Coopersage*
(c) Name of employer *Germany, 10*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER *Bernard Dierker*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Unknown 31*

14. INFORMANT *Anna Munn* (Address) *1317 Allen Ave*

15. FILED **APR 10, 1932** *W. J. Starkey* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 8 1932*

17. I HEREBY CERTIFY, That I attended deceased from *April 1, 1932* to *April 8, 1932* that I last saw him alive on *April 8, 1932* and that death occurred, on the date stated above, at *7:17* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Labor

CONTRIBUTORY (SECONDARY) *Influenza* (duration) yrs. mos. *10* ds.

18. WHERE WAS DISEASE CONTRACTED *Germany* (duration) yrs. mos. *15* ds.

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS *Physical & Pathological*

(Signed) *R. J. Harvey* M. D.

4-9-1932 (Address) *2838 Grand Bl*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Peter & Paul Cemetery* DATE OF BURIAL *4-11 1932*

20. UNDERTAKER *Geo. J. Robert* ADDRESS *1905 Grand Blvd*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

