

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

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26851
Registrar's No. 1383

Registration District No. 784 Primary Registration District No. 11

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ruth Vista
(c) Name of hospital or institution: St. Marys Hospital
(d) Length of stay: In hospital or institution Life
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Rural
(d) Street No. 2616 Lynhurst Ave.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Carrie Dierkes 1022
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry S Dierkes 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July 7 11 1884

8. AGE: Years 55 Months 0 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name Henry Spreen
13. Birthplace Germany
14. Maiden name Rosa Wetzel
15. Birthplace Ohio

16. (a) Informant's own signature Harry S. Dierkes
(b) Address 2616 Lynhurst Ave.
17. (a) Interment (b) Date thereof July 2 39
(c) Place: burial or cremation Oak Grove Mausoleum
18. (a) Signature of funeral director Archie Harris
(b) Address 1905 Union Blvd.
19. (a) AUG 1 1939 (b) TR Meyer

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 30
year 39 hour 4 minute 00 P. M.
21. I hereby certify that I attended the deceased from July 19 39 to July 30 39
that I last saw her alive on July 30 39
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Due to and cerebral vascular renal disease
Other conditions disease
(Include pregnancy within 3 months of death)

Major findings: X 131
Of operations _____
Of autopsy _____
PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature TR Meyer (D. or other) _____
Address 2720 Washington Date signed 7/29

3712e Blue Licenses
for 51000 92-11

DATE 1-8-1948

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Warren G. Carr
Licensed Embalmer No. 3534
P. O. Address.....

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, above space should be left blank.