

Registration District No. 1000

Primary Registration District No. _____

Registrar's No. 522

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
FIRMIN DESLOGE HOSPITAL 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 DAYS
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME CLEM DIERKES

8. (b) If veteran, name war NO 8. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 12, 1889
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business Own Business

MOTHER FATHER { 12. Name Henry Dierkes
 { 13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Catherine Scott
 { 15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Myrtle Dierkes

(b) Address 916 Lami

17. (a) Burial (b) Date thereof 1-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul Cem.

18. (a) Signature of funeral director Wm J Robert

(b) Address 1905 Grand Blvd

19. (a) JAN 10 1940 (b) J. J. Brudick
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
 (d) Street No. 916 Lami
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 18
 year 1940 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from SEPT. 21, 1939, to JANUARY 18, 1940;
 that I last saw him alive on JANUARY 17, 1940.
 and that death occurred on the date and hour stated above.

Immediate cause of death CONGESTIVE HEART FAILURE Duration UNCERTAIN

Due to LUETIC & RHEUMATIC HEART DISEASE UNCERTAIN

Due to _____
 Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings: NONE
 Of operations _____

Of autopsy GEN'ERIALIZED ANASARCA, CARDIAC HYPERTROPHY, AORTIC & MITRAL INSUFFICIENCY, AORTIC STENOSIS
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO.

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (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 Howard A. ... M. D. or other MD
 Address 1325 SOUTH GRAND BLVD Data signed 1/2/40

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.

FORM 1 X1931

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. 502

working under my personal supervision.

Signed

Wm J Robert

Licensed Embalmer No. 502

P. O. Address 1905 S Grand Pl

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.