

FILED MAR 12 1940
791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1683

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hosp. #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
 (Specify whether _____)
 In this community _____
 years, months or days)

8. (a) PRINT FULL NAME Oliver Louis Dirk8. (b) If veteran,
name war _____8. (c) Social Security
No. None4. Sex Male 5. Color or
race White 6. (a) Single, widowed, married,
divorced Single6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Jan 31 1914
(Month) (Day) (Year)8. AGE: Years 26 Months - Days 17 If less than one day
hr. _____ min. _____9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation None invalid

11. Industry or business _____

MOTHER FATHER
12. Name Henry J. Dirk
18. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)14. Maiden name Christina Weitz
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Henry J. Dirk(b) Address 7234 Arsenal St. Louis17. (a) Burial (b) Date thereof Feb. 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New SS. Peter & Paul Cem.18. (a) Signature of funeral director W. J. Crofford(b) Address 7146 Manchester Ave.19. (a) FEB 19 1940 (b) J. J. Bruders
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7234 Arsenal
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1940 hour 1 minute 30 P. M.21. I hereby certify that I attended the deceased from February
14, 1940, to February 17, 1940;
that I last saw him alive on February 17, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death

Congenital Defect of the Brain 2690
Regeneration of ParticularDue to Nucleus
Etiology unknown
Due to _____Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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? _____ (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 Walter Ford (M.D. or other)
Address 155 Lafayette, 2/19/40
Date signed _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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.....

working under my personal supervision.

....., Registered Apprentice No. 193 =

Signed M. J. Croghan.....

Licensed Embalmer No. 2622 -

P. O. Address 746 Manchester

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.