

FILED MAY 22 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1148

1. PLACE OF DEATH:  
(a) County St. Louis County  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Adm. Jan. 18, 1943  
(Specify whether years, months or days) since Jan. 18, 1943

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County 9  
(c) City or town Carlyle  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #5  
(If rural, give location) 0  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME William H. Dierkes

3. (b) If veteran, name war World War #1 3. (c) Social Security No. Yes - not remembered

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

6. (b) Name of husband or wife Ruby 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased December 6, 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>5</u>	<u>8</u>	hr. min.

9. Birthplace Carlyle Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name George Dierkes

13. Birthplace Germantown Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Sautman

15. Birthplace Carlyle Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Chelsoff

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (b) Date thereof 5/15/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carlyle, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc  
(b) Address 4700 Washington Blvd.

19. (a) MAY 16 1943 (b) C. J. McK...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th, year 1943 hour 5:00 minute - P.M.

21. I hereby certify that I attended the deceased from January 18, 1943 to May 14, 1943 that I last saw him alive on May 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, subarachnoid, Duration abt. 4 1/2 hrs

Due to Cerebral arteriosclerosis, Unknown

Due to - 13/a

Other conditions Hypertensive heart disease (Include pregnancy within 3 months of death) Unknown  
with myocardial damage, Nephritis, Unknown  
Major findings: chronic, with nitrogen retention, PHYSICIAN

Of operations -  
Of autopsy No autopsy. No operation. Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
(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) (Specify cause of injury)

23. Signature M. M. COCHRAN, M.D. (M. D. or other)  
Address Chief Medical Officer, Date signed 5/15/43

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

MAY 28 1943

DEC 19 1944

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

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, fact should be so stated above.