

No. 2  
A-2-43  
5-17-39

22358

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED JUL 5 1944 305

Registration District No. 14452

1. PLACE OF DEATH:  
 (a) County St Charles  
 (b) City or town Wentzville Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
 (Specify whether  
 In this community Life  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County St Charles  
 (c) City or town Wentzville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eda Marie Dierker  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH, Month June day 13  
 year 1944 hour 5:20 minute 17 A. M.  
 21. I hereby certify that I attended the deceased from Feb. 17 1941 to June 13 1944  
 that I last saw her alive on 6/13/44 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death Carcinoma of urinary bladder  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

7. Birth date of deceased July 4 1870  
 (Month) (Day) (Year)  
 8. AGE: Years 73 Months 11 Days 9 If less than one day hr. min.

Major findings:  
 Of operations 52 l  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

9. Birthplace St Charles Co \_\_\_\_\_  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation House work

11. Industry or business \_\_\_\_\_  
 12. Name George Dierker  
 13. Birthplace On the sea \_\_\_\_\_  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Withilda Peters  
 15. Birthplace St Louis, Mo \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

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 H. E. Mc Murray \_\_\_\_\_ (Date or other) \_\_\_\_\_  
 Address Wentzville, Mo Date signed 6/14/44

16. (a) Informant Mayme Ball  
 (b) Address Wentzville, Mo.  
 17. (a) Burial (b) Date thereof June 15, 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Linn cemetery  
 18. (a) Signature of funeral director Marion Mueschler  
 (b) Address Wentzville, Mo.  
 19. (a) 6-14-44 (b) Opal S. Fenwick  
 (Date received local registrar) (Registrar's signature)

681

(Licensed Embalmer's Statement on Reverse Side)

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

2000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-1-44

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

*Maris Murschlag*

Licensed Embalmer No. 2461

P. O. Address Wentzville, Mo.

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.