

FILED JUL 30 1945

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Creve Coeur
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Olive Street & Ballas Roads
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Creve Coeur
(If outside city or town limits, write "RURAL")
(d) Street No. Olive Street & Ballas Rds.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Dierberg Sr.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Amelia 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug 23 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 24 If less than one day hr. _____ min.

9. Birthplace Creve Coeur Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Pres. Creve Coeur Farmers

11. Industry or business Bank

12. Name Pred Dierberg

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

14. Maiden name Margaret Reichenbacher

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

16. (a) Informant Amelia Dierberg

(b) Address Creve Coeur, Mo.

17. (a) Burial (b) Date thereof 7-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Ev. Cemetery

18. (a) Signature of funeral director Baumman Bros Inc.
(b) Address 2504-Woodson Rd-Overland

19. (a) 7-23-45 (b) E. J. Dr. Gorman MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1945 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from Nov 4, 1944, to July 17, 1945;
that I last saw him alive on July 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to Arterio sclerosis 1942

Due to 94a

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

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) _____

(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 R B Denny (M. D. or other) _____
Address Creve Coeur Mo Date signed 7-18-45

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

16

SEP 10 1965

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 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.