

FILED OCT 12 1945  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 8549

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2711 Missouri Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME George T. Dierker

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 199-03-9049

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

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive. 63 years

7. Birth date of deceased January 7th 1875  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 26  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

12. Name Henry Dierker

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

14. Maiden name Not known

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

16. (a) Informant Anna Dierker

(b) Address 2711 Missouri Ave.

17. (a) Burial (b) Date thereof 10/6/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John H. Gubler Sons  
(b) Address 2630 Gravois Ave.

19. (a) OCT 9 (b) J. F. Bredeef  
(Date received local registrar) (Registrar's signature)

OCT 3 1945

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2711 Missouri  
(If rural, give location) 9  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd  
year 1945 hour 5:45 minute A M.

21. I hereby certify that I attended the deceased from Sept 1, 1945, to Oct 1, 1945  
that I last saw him alive on Oct 1, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcema jaw Duration 2 yrs

Due to \_\_\_\_\_  
Due to myocardial inf

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) (Means of injury)

23. Signature J. F. Bredeef (M. D. or \_\_\_\_\_) MO  
Address 1803 Calvary Date signed 10/3/45

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

20  
17  
9

**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..... *Robert T. Gibben* .....

Licensed Embalmer No. **4144** .....

P. O. Address **2630 Gravois Ave.** .....

**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.**