

S. No. 2
M-5-43
v. 5-17-39
X 36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

14648

State File No. _____

FILED MAY 21 1946

STANDARD CERTIFICATE OF DEATH

1003

3645

Registration District No. 318 Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3809 A Kennerly 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 3809 A Kennerly ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Max Henry Dirksen.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1946 hour 12 minute 20 P. M.

4. Sex Male /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Eunice Waldron.

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 19, 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 20, 1946 to April 19, 1946
that I last saw him alive on April 19, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 9 Days 00
If less than one day _____ hr. _____ min.

Immediate cause of death
Carcinoma of stomach

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

Due to _____
Due to _____
Other conditions Generally metastatic
(Include pregnancy within 3 months of death)

10. Usual occupation Casket Worker

Major findings: Carcinoma of stomach
Of operations _____
Of autopsy _____

11. Industry or business Kregel Casket Co.

12. Name Emil Dirksen

13. Birthplace Germany

14. Maiden name Christina Unknown

15. Birthplace Germany

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Eunice Dirksen
(b) Address 3809 A Kennerly ave.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence June _____
(c) Where did injury occur? _____
(City or town) (County) (State)

17. (a) Burial (b) Date thereof 4/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Zions Cemetery.

18. (a) Signature of funeral director Sullivan Bro's
(b) Address 2849 N. Euclid ave.

While at work? _____ (Specify type of place)
(e) Means of injury _____

19. (a) APR 21 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature S. J. Swann (M. D. or other)
Address 3606 _____ Date signed April 19 1946

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

Dr. Mazus La. 7380
3606 Gravios ave.

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 L. Brinkman

Licensed Embalmer No. 3553

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.