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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10743**
3668
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

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

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George C. Dierker
3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Della P. Dierker nee Keck 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased November 14, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 4 22 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Pine Lawn Cleaners

MOTHER FATHER
12. Name Edward Dierker
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Albrecht
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Della P. Dierker
(b) Address 4186a Sacramento Ave
17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Math Hermann & Son Inc
(b) Address 2161 East Fair Ave

19. (a) APR 7 1947 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 109
(d) Street No. 4186a Sacramento Ave
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1947 hour 2:15 PM minute _____ M.
21. I hereby certify that I attended the deceased from 3-15-47
_____, 19____, to 7-5-47, 19____;
that I last saw him alive on 7-5-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic renal disease
Due to _____
Due to _____

Other conditions not influenced essential 4 hrs
(Include pregnancy within 3 months of death) chronic blood vessel disease

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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)
(a) Means of injury _____
23. Signature Wayne O. ... (M. D. or other) 0
Address 2739 No. ... Date signed 4-7-47

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

Gustav W. Dietz

Licensed Embalmer No.

4329

P. O. Address

St. Louis, 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.