

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11327**

**FILED APR 8 1952**

1000

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>877</u>	
1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Arbor Terrace</b>		c. LENGTH OF STAY (in this place) <b>Unknown</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Arbor Terrace</b>		<b>4150</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3844 Nelson Drive, 20,</b>				d. STREET ADDRESS (If rural, give location) <b>3844 Nelson Drive, 20</b>			
3. NAME OF DECEASED (Type or Print) <b>Henry</b>		a. (First)		b. (Middle) <b>J.</b>		c. (Last) <b>Diercks</b>	
4. DATE OF DEATH <b>April 1st, 1952</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Feb. 16th, 1871</b>		9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Minister</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Methodist Church</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William D. Diercks</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Lemkau</b>		14. NAME OF HUSBAND OR WIFE <b>Late Minnie H. Diercks</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Esther W. Diercks, 3844 Nelson Drive</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cholelithiasis acute cholecystitis &amp; hepatitis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1) Carcinoma of the prostate 2) arterio-sclerosis &amp; coronary heart disease 3) Permeable anemia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>  <b>- 2 yrs - 2 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>584XH</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1948</u> , to <u>April 1, 1952</u> , that I last saw the deceased alive on <u>March 21, 1952</u> , and that death occurred at <u>3:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Donald E. Kuhn</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>3121 N. Grand St. Louis 7, Mo.</b>		23c. DATE SIGNED <b>4/2/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/3/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4-2-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Domke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>			

Sw (Licensed Embalmer's Statement on Reverse Side)

Mon. Wed. Fri. 10:00 A. M. to 12:00 Noon  
& 2:00 P. M. to 4:00 P. M.  
No hours Tuesday.

FILE IN COUNTY.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph E. Lindner

Licensed Embalmer No. 4275

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.