

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13359

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3015

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Granite City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital # 1</u>			e. STREET ADDRESS (If rural, give location) <u>8120 8</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>DIERKES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 2, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-12-1902</u>	9. AGE (In years last birthday) <u>51</u>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Moulder</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>12 yrs ret</u>	11. BIRTHPLACE (City and State or Foreign Country) / <u>Venice Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Dierkes</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Heil</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elfrida Barr Granite City Ill</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u> 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. <u>1. Dermatitis mycetis</u> <u>2. Mesenteric thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs. 2 hrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>490X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>1-29-54</u> , 19 <u>54</u> , to <u>4-2-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-2-54</u> , 19 <u>54</u> , and that death occurred at <u>11:00am</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John A. Chapman M.D.</u>			23b. ADDRESS <u>1515 Lafayette</u>		23c. DATE SIGNED <u>4-2-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>4-2-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Edwardsville, Ill</u>		
DATE REC'D BY LOCAL REG. <u>APR 3 1954</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Francis J Lahey</u>	ADDRESS <u>Madison Ill</u>		

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

S.P. (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *J. Allen Davis*.....

Licensed Embalmer No. *418*.....

P. O. Address *Sherris*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.