

FILED AUG 23 1954

STANDARD CERTIFICATE OF DEATH

29438

State File No.

BIRTH NO. REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 500 Registrar's No. 1976

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 23, Mo.

c. CITY OR TOWN Lemay d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 9333 S. Broadway

e. STREET ADDRESS (If rural, give location) 9333 S. Broadway

3. NAME OF DECEASED
a. (First) Eugene J. b. (Middle) Dierkes c. (Last) Dierkes

4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1954

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan. 6, 1895

9. AGE (In years to birthday) 59

f. UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bricklayer

10b. KIND OF BUSINESS OR INDUSTRY const.

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unk. Dierkes

13b. MOTHER'S MAIDEN NAME unk.

14. NAME OF HUSBAND OR WIFE Eileen Dierkes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes

(If yes, give war or dates of service) world war I

16. SOCIAL SECURITY NO. unk

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eileen Dierkes 9333 S. Broadway

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) Cardiac failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerotic heart disease.
DUE TO (c) none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
none

INTERVAL BETWEEN ONSET AND DEATH
1 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23-53, 1953, to 8-13-54, 1954, that I last saw the deceased alive on July 24, 1954, and that death occurred at 11:30p.m., from the causes and on the date stated above.

23a. SIGNATURE (Sign by title) James W. Murphy, M. D.

23b. ADDRESS 607 N. Grand Blvd

23c. DATE SIGNED 8-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 8-16-54

24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 8/14/54

REGISTRAR'S SIGNATURE Herbert K. ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd.

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

Dr. James Murphy
University Club Bldg.

~~x130~~
1030 to 3 p.m.

✓ 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 *David Tan Tessa*.....

Licensed Embalmer No. *421*.....

P. O. Address *6322 So. Hill*.....

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.