

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30756

8442

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
		e. STREET ADDRESS (If rural, give location) <u>13 2618 PEARL</u>		<u>2139</u>	

3. NAME OF DECEASED (Type or Print) <u>JOHN</u>			a. (First)		b. (Middle)		c. (Last) <u>DIERKES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 25, 1955.</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>11-21-1890</u>		9. AGE (In years last birthday) <u>64</u>		if UNDER 1 YEAR Months <u>10</u> Days <u>4</u>		if UNDER 24 Hrs. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>SELLER-CATER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>USA</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>BERNARD DIERKES</u>			13b. MOTHER'S MAIDEN NAME <u>CAROLIN SCHAPER AGNES BRUMMER</u>			14. NAME OF HUSBAND OR WIFE <u>DIERKES</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Dierkes</u> ADDRESS <u>2618 Pearl</u>			
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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>Myocardial Infarction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>						5 yr.	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u>						8 yrs	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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2. I hereby certify that I attended the deceased from 9-17, 1955, to SEPT. 25, 1955, that I last saw the deceased alive on 9-25, 1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James W. Hurley M.D.</u> (Degree or title)		23b. ADDRESS <u>1515 LAFAYETTE AVE.</u>		23c. DATE SIGNED <u>9-26-55.</u>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>9-28-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bronzeation Ave</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
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DATE REC'D BY LOCAL REG. <u>SEP 26 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wing Lammert</u> ADDRESS <u>3819 S Grand</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Les J. King*.....

Licensed Embalmer No. *461*

P. O. Address *H. L. Linnick*.....

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.