

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10622**
Registrar's No. **3177**

FILED APR 6 - 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN ST LOUIS		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION MARIAN HOSPITAL		e. STREET ADDRESS (If rural, give location) 23 1837 So 14th ST. 223 1/2	
3. NAME OF DECEASED (Type or Print) GEORGE		4. DATE OF DEATH (Month) (Day) (Year) MARCH 26 - 1956	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED DIVORCED		8. DATE OF BIRTH APRIL 3rd 1900	
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE	
11. BIRTHPLACE (City and State or Foreign Country) NEBRASKA		12. CITIZEN OF WHAT COUNTRY? U-S-A	
13a. FATHER'S NAME GEORGE DIERKS		13b. MOTHER'S MAIDEN NAME MARY AUCH	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	
16. SOCIAL SECURITY NO. 488-09-9836		17. INFORMANT'S SIGNATURE OR NAME JOHN DIERKS ADDRESS BENNINGTON NEB.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crown Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1	
ANTECEDENT CAUSES		DUE TO (b) 24 infection	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. 420.1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 3-1 , 1956 to 3- , 1956 that I last saw the deceased alive on 3-26 , 1956, and that death occurred at 11:30 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE J. H. Byrne M.D. (Degree or title)		23b. ADDRESS 2752 Cherokee	
23c. DATE SIGNED 3-27-56		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE MARCH 30 - 1956		24c. NAME OF CEMETERY OR CREMATORY GERMAN CEMETERY	
24d. LOCATION (City, town, or county) (State) BENNINGTON NEB.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutia ADDRESS 2906 Travis	
DATE REC'D BY LOCAL REG. MAR 29 1956		REGISTRAR'S SIGNATURE Carl Smith MD	

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.....
Licensed Embalmer No. 39
P. O. address.....
St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.