

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038471

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10199**

AMENDED

FILED NOV 8 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saint Louis</b>		Length of stay in lb <b>3 das</b>	c. CITY OR TOWN <b>Saint Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6121 Dewey Avenue</b>
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>J</b> Last <b>Dierker</b>		4. DATE OF DEATH Month <b>10</b> Day <b>31</b> Year <b>1961</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-9-1868</b>
9. AGE (last birthday) <b>93</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired-Office Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Printing Business</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Henry Dierker</b>	
13b. MOTHER'S MAIDEN NAME <b>Caroline (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Emma H Dierker(Dec)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Miss Hazel Dierker (Daughter)</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart disease</i> DUE TO (b) <i>generalized arteriosclerosis</i> DUE TO (c) <i>Generalized arteriosclerosis</i>		19. INTERVAL BETWEEN ONSET AND DEATH <b>10y</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>420.0</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <b>St. Louis 3/60</b>		COUNTY	STATE
21. I attended the deceased from <b>6:45 PM</b> to <b>10/31/61</b> and last saw him alive on <b>10/31/61</b>		Death occurred at <b>6:45 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>W.A. Roling</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>211 Gravois</b>	22c. DATE SIGNED <b>11/21/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-3-1961</b>	23c. NAME OF CEMETERY, OR CREMATORY <b>New St. Marcus Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
24. OFFICIAL DIRECTOR <b>Hoffmeister Colonial Mortuary</b> 6464 Chippewa Street St. Louis 9, Mo.,		25. DATE RECD. BY LOCAL REG. <b>NOV 2 1961</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>

BY AFFIDAVIT OF

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 John J. Deineke  
Licensed Embalmer No. 41940  
P. O. Address St. Louis

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.