MAR 27 1931

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

96

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No. 6924
Township Central — Primary Registration District No. 60 23 B — Registered No. 5-6
City Pine Lawn (No. 4110 Beachwood St. Ward)

2. FULL NAME MARY MARGARET DIERKER
(a) Residence. No. 4110 Beachwood St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Dierker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31 - 1862

7. AGE: Years 68 | Months 6 | Days 7 8 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: not occupied 131
(b) General nature of industry, business, or establishment in which employed (or employer): 92
(c) Name of employer: 82

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) MO

PARENTS
10. NAME OF FATHER Herman Kettlemann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary Bruegging
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

14. INFORMANT John Klulenkamp
(Address) 4110 Beachwood Av

15. FILED 2/10, 1931 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) February 8 1931

17. I HEREBY CERTIFY, That I attended deceased from February 14, 1927 to February 8, 1931 that I last saw her alive on February 8 1931 and that death occurred, on the date stated above, at 10:05A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Int. Nephritis-Chr. Arterio Sclerosis-Chr. Chole-Cystitis- Chr. Cholelithiasis-Chr. Myo-Carditis. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremia-Hypo-static Pneumonia Hemiplegia R. Side (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.
(Signed) Luke B. Tiernon M.D.
2/9, 1931 (Address) 3718 Jennings Rd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary
DATE OF BURIAL: Feb 11 1931

20. UNDERTAKER: Tanner Funeral Home
ADDRESS: 6107 Natural Bridge Rd
L. B. Tanner

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

JAN 8 1948