

JAN 14 1935

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

Do not use this space.

44433

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St Louis MO** (No. **Lutheran Hosp**) Registered No. **11516** (Ward)

2. FULL NAME

(a) Residence, No. **3702 Oregon**, **24** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rosa Dierker**

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 9/1865**

8. AGE YEARS **69** MONTHS **9** DAYS **23** If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Book binder**

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME **Johann Dierker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

15. MAIDEN NAME **unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT (ADDRESS) **August Dierker Jr**

18. BURIAL, CREMATION, OR REMOVAL **Funeraria Concordia** DATE **Dec 5 34**

19. UNDERTAKER (ADDRESS) **J. J. Brudeck**

20. FILED 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 2 34**

I HEREBY CERTIFY, That I attended deceased from **Nov 1st**, 19**34**, to **Dec 2nd**, 19**34**

I last saw him alive on **Dec 2nd**, 19**34**. Death is said

to have occurred on the date stated above, at **8:00 P.M.**

The principal cause of death and related causes of importance were as follows:

Date of onset

Cancer of gall bladder
46

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **Yes** **W. Steurman**, M. D.

(Signed) **W. Steurman**

(Address) **3108 Chippewa St.**

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.

OCCUPATION
MOTHER
FATHER

