MAR 5 - 1937

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

Do not use this space.

791
1003

File No. 8536
Registered No. 1991

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St. Louis Mo. (No. St Anthony Hospital St. ..... Ward)

2. FULL NAME Edward J. Dierkes

(a) Residence, No. 4315 Bates St St., 15 Ward. /
(Usual place of abode) (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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Dierkes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 20 1860

7. AGE: Years 76, Months 7, Days 26. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Coal Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2
10. 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 1

FATHER
13. NAME: Clemens Dierkes 10
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER
15. MAIDEN NAME: Elizabeth Wiegert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Hilda Dierkes, 4315 Bates St

18. BURIAL, CREMATION, OR REMOVAL
PLACE S. S. Peter & Paul DATE Feb 18 1937

19. UNDERTAKER (ADDRESS): Thos Kutis, 2906 Gravois Ave.

20. FILED 2-16 1937 J F Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1934, to Feb 15, 1937
I last saw him alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 5 45 P m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset: Dont kno

Other contributory causes of importance: Chronic Parenchymatous nephritis — Dont kno

Name of operation: none Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

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 .....
(Signed) John J Coville, M. D.
(Address) 5005 Gravois

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.

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