

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36349

State File No.

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 1902

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 years (Specify whether years, months or days)
In this community 36 years

3. (a) PRINT FULL NAME Julia H. Dierker

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Dierker 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Oct 13 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business at home

12. Name Fred Zimmerer

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Smith

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant William Dierker

(b) Address 800 Lemay Ferry

17. (a) burial (b) Date thereof Oct 9/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Fendler Und/Co.

(b) Address 744 Lemay Ferry

19. (a) OCT - 8 1940 (b) T. B. Meyer, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 800 Lemay Ferry Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th
year 1940 hour 10 P.M. minute - M.

21. I hereby certify that I attended the deceased from Sept. 13, 1940, to Oct. 5, 1940
that I last saw her alive on Oct. 5th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency
Due to Valvular Heart Disease
or Mitral Stenosis

Due to 9/2/40
Other conditions -
(Include pregnancy within 3 months of death)

Major findings: -
Of operations -
Of autopsy -

Duration

2 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence -
(c) Where did injury occur? -
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

While at work? - (Specify type of place) (e) Means of injury -

23. Signature L. C. Oberk, M.D. (M. D. or other) 1
Address 779 Le May Rd. Date signed Oct 8, 40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

13 PL
1331

. 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Charles E. Fennell

Licensed Embalmer No. *4148*

P. O. Address *St. Louis, Mo.*

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 this body is not embalmed, fact should be so stated above.