No. 2
1-4-41
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF CITY CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30189

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7528

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4915 DAVISON AVE.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community ? years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 0 00

(c) City or town ST. LOUIS. 7 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4915 DAVISON AVE. 8
(If rural, give location)

(e) Citizen of foreign country? — No (Yes or No)
(If yes, name country)

Not Attending Physician

3. (a) PRINT FULL NAME FREDERICK DIERSON

3. (b) If veteran, name war No

3. (c) Social Security No. NONE.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased MAY (Month) 14. (Day) 1891. (Year)

8. AGE: Years	Months	Days	If less than one day
50	4	3	hr. min.

9. Birthplace ST. LOUIS. (City, town, or county) 1 Mo. (State or foreign country)

10. Usual occupation NONE.

11. Industry or business

FATHER
12. Name CHARLES DIERSON
13. Birthplace — (City, town, or county) 4 GERMANY (State or foreign country)

MOTHER
14. Maiden name ELIZABETH SCHROEDER
15. Birthplace — (City, town, or county) 4 GERMANY (State or foreign country)

16. (a) Informant MRS. EMMA RITTER
(b) Address 4915 DAVISON AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 20. 1941. (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS CEMETERY.

18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 4834 Natural Bridge

19. (a) SEP 18 1941 (Date received local registrar) (b) J. Boelecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 17TH year 1941. hour 3 30 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Strangulation due to Hanging when deceased was found Hanging by a rope from a beam in the basement of his home 4915 Davison ave on Sept 17-1941

Due to: Pending 3 17 Pm

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 164

Of autopsy

Duration

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) Suicide

(b) Date of occurrence Sept 17-1941

(c) Where did injury occur? St Louis (City or town) (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Thomas F Callan (M.D. or other)

Address Deputy Coroner Date signed 9/18/41

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Mlinar, Registered Apprentice No. ~~4186~~ working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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