. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6991

Registration District No. 423 Primary Registration District No. 5578 Registrar's No. 3

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL - ROCK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NEAR ANTONIA, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JEFFERSON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. ROCK TOWNSHIP - NEAR ANTONIA Mo
(If rural, give location)
(e) Citizen of foreign country? — NO — (Yes or No)
If yes, name country — — — —

3. (a) PRINT FULL NAME LAURA M. DIERKS

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

4. Sex F.
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LOUIS DIERKS
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased JUNE (Month) 25 (Day) 1872 (Year)

8. AGE: Years 69 Months 7 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace KIMMSWICK (City, town, or county) Mo (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name SEBASTIAN KOHLER
13. Birthplace ST LOUIS (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name EMELINE KATTELMAN
15. Birthplace KIMMSWICK - Mo (City, town, or county) (State or foreign country)
16. (a) Informant Louis H Dierks
(b) Address KIMMSWICK - Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 13 - 1942 (Month) (Day) (Year)
(c) Place: burial or cremation ANTONIA CEMETERY.
18. (a) Signature of funeral director HEILIGTAG FUN. HOME
(b) Address KIMMSWICK Mo
19. (a) FEB. 13. 1942 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature) 3rd

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 10TH year 1942 hour 3RD minute 30 P.M.
21. I hereby certify that I attended the deceased from 1930 ....., 19.... to Feb 10, 1942 that I last saw her alive on Feb 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Lep hemiplegia
Due to
Due to
Other conditions Senility 938
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy No

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)
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature O. J. Reich (M. D. or other) MD
Address Kimmswick Date signed 2/13/42

(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 Daniel J. Mahn Jr., Registered Apprentice No. 297, working under my personal supervision.

Signed Fred H. Heidegtag

Licensed Embalmer No. 3150

P. O. Address Kimmswick 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.