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S. No. 2
DM-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

JUL 31 1943
Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1713

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STATION HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days
(Specify whether years, months or days)

In this community 1 month 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Rhode Island (b) County Unknown

(c) City or town Allenton
(If outside city or town limits, write "RURAL")

(d) Street No. Tower Hill Road
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME ALBERT E. DIRKES

3. (b) If veteran, name war World War II

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased April 1 1924
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>19</u>	<u>3</u>	<u>21</u>	hr. -- -- min.

9. Birthplace Richmond Hill New York
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business ---

12. Name William C. Dirkes

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

14. Maiden name Unknown

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

16. (a) Informant Service Record & Clinical Record

(b) Address Jefferson Barracks, Missouri

17. (a) Removal (b) Date thereof 7/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston Rhoadesland

18. (a) Signature of funeral director Louis G. Bopp Inc

(b) Address Fisher Blvd, MO

19. (a) JUL 28 1943 (b) C. E. McFarson, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1943 hour 7:00 minute --- PM.

21. I hereby certify that I attended the deceased from 26 June, 1943, to 22 July, 1943;
that I last saw him alive on 22 July, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, broncho, right base, type undetermined, secondary to probable encephalitis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations

Of autopsy Not confirmed as to encephalitis, etc.

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)

Means of injury ---

23. Signature GEORGE L. ERDMAN, 1st Lt M. D. or other) MD
Address Sta Hosp, Jeff Bks, Mo. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

707

(Licensed Embalmer's Statement on Reverse Side)

23 July 1943

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

John M. Meyer

Licensed Embalmer No.

3288

P. O. Address

Kirkwood, Md

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.