S. No. 2
M—5-42
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26581

FILED SEP 11 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7816

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

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Anthony Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs. (Specify whether years, months or days) In this community Life.

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis. 92 (If outside city or town limits, write "RURAL")

(d) Street No. 5140 Goethe St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ANNA DIERKES

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov 11th 1891 (Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 17 If less than one day hr. min.

9. Birthplace St Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Hospital Switch Board Opperator

11. Industry or business

FATHER
12. Name Bernard Dierkes
13. Birthplace St Louis. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kleekamp
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Henry Dierkes

(b) Address 5140 Goethe St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1st. 43 (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Thos Kiefer & Son

(b) Address 2906 Gravois Ave.

19. (a) AUG 31 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1943 hour 10 50 P.M. minute M.

21. I hereby certify that I attended the deceased from Aug 26 1943, to Aug 28 1943, that I last saw her alive on Aug 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Embolism	6 hrs.
Due to Rheumatic Heart	5 yrs.
Due to Chronic Myocarditis	5 yrs

Other conditions (Include pregnancy within 3 months of death) 93

Major findings:
Of operations
Of autopsy

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 A. L. Hartel 0 (M. D. or other)

Address 3606 Gravois Date signed 8/30/43.

(Licensed Embalmer's Statement on Reverse Side)

Dr - [illegible]
[illegible]
[illegible]
[illegible]

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Gedvois

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.