

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8001
State File No. _____
Registrar's No. 52570

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0
FILED MAR 6 1947
Registration District No. _____

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Miellers Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days
(Specify whether)

In this community 86 Years
years, months or days

3. (a) PRINT FULL NAME Agnes Dierker

3. (b) If veteran, name war No

3. (c) Social Security No. 29 P

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Henry Dierker

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

7. Birth date of deceased: 6 6 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 8 19 hr. _____ min.

9. Birthplace: Osnabruch Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Osnabruch Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Dierker

(b) Address 2332a Mullanphy St

17. (a) Burial (b) Date thereof 2-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cafery Cemetery

18. (a) Signature of funeral director Loedhart & Loedhart

(b) FEB 29 1944 St. Louis Ave.

19. (a) FEB 29 1944 (b) E. S. McLawran, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 7336 Flora Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1944 hour 9 minute 25 A. M.

21. I hereby certify that I attended the deceased from Feb. 9th, 1944 to Feb. 25, 1944
that I last saw her alive on Feb. 23rd, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation
Atherosclerosis

Due to Paralysis Hemiplegia
right side.

Due to _____

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

Major findings:
Of operations _____

Of autopsy 926

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 0

23. Signature E. S. McLawran (M. D. or other) M.D.
Address 2377 Kingshighway Date signed Feb 25

(Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN
Underline the cause to which death should be charged statistically.

1944

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

Marie A. Cashin

Licensed Embalmer No. *3949*

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.