

FILED NOV 1944  
318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 8975

1. PLACE OF DEATH:

(a) County St. Louis Mo

(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: Deaconess Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)

In this community 75 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3417 Wyoming  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ANNA M. DIERKING.

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21, 1944  
year 1944 hour 12 minute 15 a.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.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May 27 1863  
(Month) (Day) (Year)

Immediate cause of death Fracture of right hip; arteriosclerosis; suffered when she slipped and fell to the floor at her home, Sept 26th 1944 about noon Duration

Other conditions.....

Major findings:  
Of operations.....

Of autopsy.....

8. AGE: Years 81 Months 4 Days 25  
If less than one day hr. min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name George Krause

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

14. Maiden name Margaret Goernert

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

16. (a) Informant John Dierking

(b) Address 3417 Wyoming

17. (a) Burial (b) Date thereof Oct 24 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cem

18. (a) Signature of funeral director Thomas J. Collins

(b) Address 2906 Broadway Ave

19. (a) OCT 23 1944 (b) Frederick  
(Date received local registrar) (Registrar's signature)

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) Accident

(b) Date of occurrence Sept 26, 1944

(c) Where did injury occur? St Louis Mo  
(City or town) (County) (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? Not at all  
(Specify type of place) (e) Means of injury

23. Signature Thomas J. Collins 10/23/44  
(M. D. or other)

Address Deputy Coroner Date signed.....

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

MOTHER FATHER

**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 Heavens*

**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.**