DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1946

State File No. 34751

Registration District No. 327 Primary Registration District No. 30661076 Registrar's No. 2061

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Meramec River near Kirkwood Water (If not in hospital or institution, write street number or location) 3

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kirkwood (If outside city or town limits, write "RURAL") 4

(d) Street No. 801 N. Harrison (If rural, give location) 3

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Richard B. Dierberg

3. (b) If veteran, name war None

3. (c) Social Security No. 494-10-2255

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Vera G. Dierberg

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased October (Month) 31 (Day) 1911 (Year)

8. AGE:

Years	Months	Days	If less than one day
34	11	0	hr. min.

9. Birthplace Creve Cour (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Filling Station Owner

11. Industry or business

FATHER
12. Name John Dierberg
13. Birthplace Creve Cour (City, town, or county) Missouri (State or foreign country) 0

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

16. (a) Informant Mrs. Vera G. Dierberg

(b) Address 801 N. Harrison Kirkwood Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/46 (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director

(b) Address Meyer-Pfitzinger Funeral Home

19. (a) 10-4-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 1, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death drowning in Meramec River

Due to 183

Due to 36

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

XXXXX

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) Accident 125

(b) Date of occurrence Oct. 1, 1946

(c) Where did injury occur? Kirkwood, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? River (Specify type of place)

While at work? (e) Means of injury Suffocation

23. Signature Arnold J. Willmann (M. D. or other) Coroner 3

Address Clayton, Mo Date signed 10/3/46

(Licensed Embalmer's Statement on Reverse Side)

OCT 24 1940

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.

Sig[redacted] William H. Pitzinge

Licensed Embalmer No. 4396

P. O. Address 1009 N. Kirkwood, Kirkwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. None

Registration District No. 217 Primary Registration District No. ~~306~~ 6076 Registrar's No. 2062

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:

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

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Eugene W Dierberg

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 10 1946
(Month) (Day) (Year)

8. AGE: Years 32 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year 1946 hour minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

34751