

No. 2
-1/47
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15000**

FILED MAY 9 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3383**

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

(d) Length of stay: In hospital or institution 6 Weeks
(Specify whether

In this community 7 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

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

(d) Street No. 3351a Lawn Ave.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Dora Dierker

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 Widow 2

6. (b) Name of husband or wife Rev. Walter H. 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased February 14, 1884
(Month) (Day) (Year)

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

63 2 13 --- hr. --- min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Monroe S. Degler

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

14. Maiden name Rachel Hire

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

16. (a) Informant Ethel Dierker

(b) Address 3351a Lawn Ave.

17. (a) Burial (b) Date thereof Apr. 30, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Reiderwieden F. H. Inc.

(b) Address 1936 St. Louis Ave.

19. (a) APR 30 1947 (b) J. F. Buresch
(Date received in Registrar's Office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1947 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 27, 1947 to April 27, 1947
that I last saw her alive on April 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Abc. carcinoma of the Rt. breast
C. Pulmonary Metastasis

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsies.....

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) Years of injury.....

23. Signature Arnold Spelman (M. D. or other) MD

Address 2632 S. Kings Highway Date signed 4/29/47

Duration about 4 years
" 3 Months

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

Dr. Arnold Klein
2632 So. K'highway
1-4

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

Heath Paulson

Licensed Embalmer No.

4114

P. O. Address

1936 St. Louis Ave

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.