. S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32447

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8726

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Lemay 23 96
(If outside city or town limits, write "RURAL")

(d) Street No. 323 Hoffmeister 0
(If rural, give location)

N.R.

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM DIERKER, SR.

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Julia H. Dierker

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

7. Birth date of deceased May (Month) 19 (Day) 1872 (Year)

8. AGE: Years 75 Months 36 Days ~~26~~ 25 If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business

FATHER
12. Name Herman Henry Dierker
13. Birthplace Europe (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Angela Stevens
15. Birthplace Europe (City, town, or county) (State or foreign country) 0

16. (a) Informant Irene Dierker
(b) Address 323 Hoffmeister

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olive Cem.

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) SEP 17 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1947 hour PM minute 7:35 M.

21. I hereby certify that I attended the deceased from 8/29/47, 19, to 9-14-47, 19; that I last saw him alive on 9-13, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 3° Burn Rt hip

Major injuries: Diabetes mellitus

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? No (e) Means of injury Burn 0

23. Signature Charles Ehlers (M. D. or other) M.D.

Address 7602 S. Broadway Date signed 9-16-46

9-1646

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address _____

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.